

# All Need High Flow (100%) OXYGEN

**30 Kg**  
**ORANGE**

## ACUTE AIRWAY OBSTRUCTION

Senior help needed (Anaesthetics/A&E)  
Calm Environment.  
Close Observation.

**ADRENALINE(1:1000) (Neb):5ml**  
may repeat every 10 minutes  
**BUDESONIDE (Neb):2mg**

## WHEEZE

**SALBUTAMOL (Neb):5mg**  
**IPRATROPIUM (Neb):250mcg**  
**PREDNISOLONE (Oral):40mg**  
**HYDROCORTISONE (IV/IO):100mg**  
**AMINOPHYLLINE(IV/IO):150mg**  
(over 20 minutes as a loading dose)

**SALBUTAMOL (IV/IO): 250mcg**

over 10 mins loading dose

**MAGNESIUM (IV/IO):1.2g**

over 20 minutes

May need ventilation,

If life threatening contact Anaesthetist

## ANAPHYLAXIS

**ADRENALINE(1:1000)(IM):0.3ml**

in 1 ml syringe with 22 G needle  
consider repeat in 5 min.

If using auto injector syringe use **300mcgs**

**HYDROCORTISONE(IV/IO):100mg**

**CHLORPHENIRAMINE(IV/IO):5mg**

(mix with 10 ml 0.9% saline, give over 1 min.)

IV Adrenaline 1microgram/Kg may be considered  
but **must** be discussed with Senior/Anaesthetics

## WARM FLUID CHALLENGE

**600ml**

Give in **300ml** aliquots in TRAUMA/CARDIAC

## SEPTICAEMIA

Including ? Meningococcal Sepsis,  
Significant volume expansion required,  
(Blood cultures, Bone, CRP, Coag, PCR,  
Glucose, Blood Gas)

May need ventilation & Inotropes,  
**CEFOTAXIME(IV/IO):1.5g**

## ANALGESIA

**MORPHINE(IV/IO):3mg**

## HYPOGLYCAEMIA

**10% DEXTROSE(IV/IO):60ml**

Followed by an infusion of 0.9% Saline 5% Dextrose  
at maintenance volume; adjust dextrose content if  
required.

## FITS/CONVULSIONS

Check Blood Sugar & Temperature  
IV/IO access: **LORAZEPAM(4mg/ml):3mg**

Or **DIAZEPAM (PR):10mg**

Or **BUCCAL MIDAZOLAM:10mg**

Repeat after 10 minutes if no improvement

**PHENYTOIN (IV/IO):600mg** over 20 minutes

Consider **PARALDEHYDE (PR) 10ml** mixed with  
10ml olive oil

**Call for anaesthetic help if still fitting when  
phenytoin is commenced**

## Senior/ Specialist Supervision Required:

**Raised Intracranial Pressure:**

20% Mannitol (IV/IO):**75ml** over 30 mins

Or Hypertonic Saline 2.7% (IV/IO):**90ml**

**Tricyclic overdose with ECG changes:**

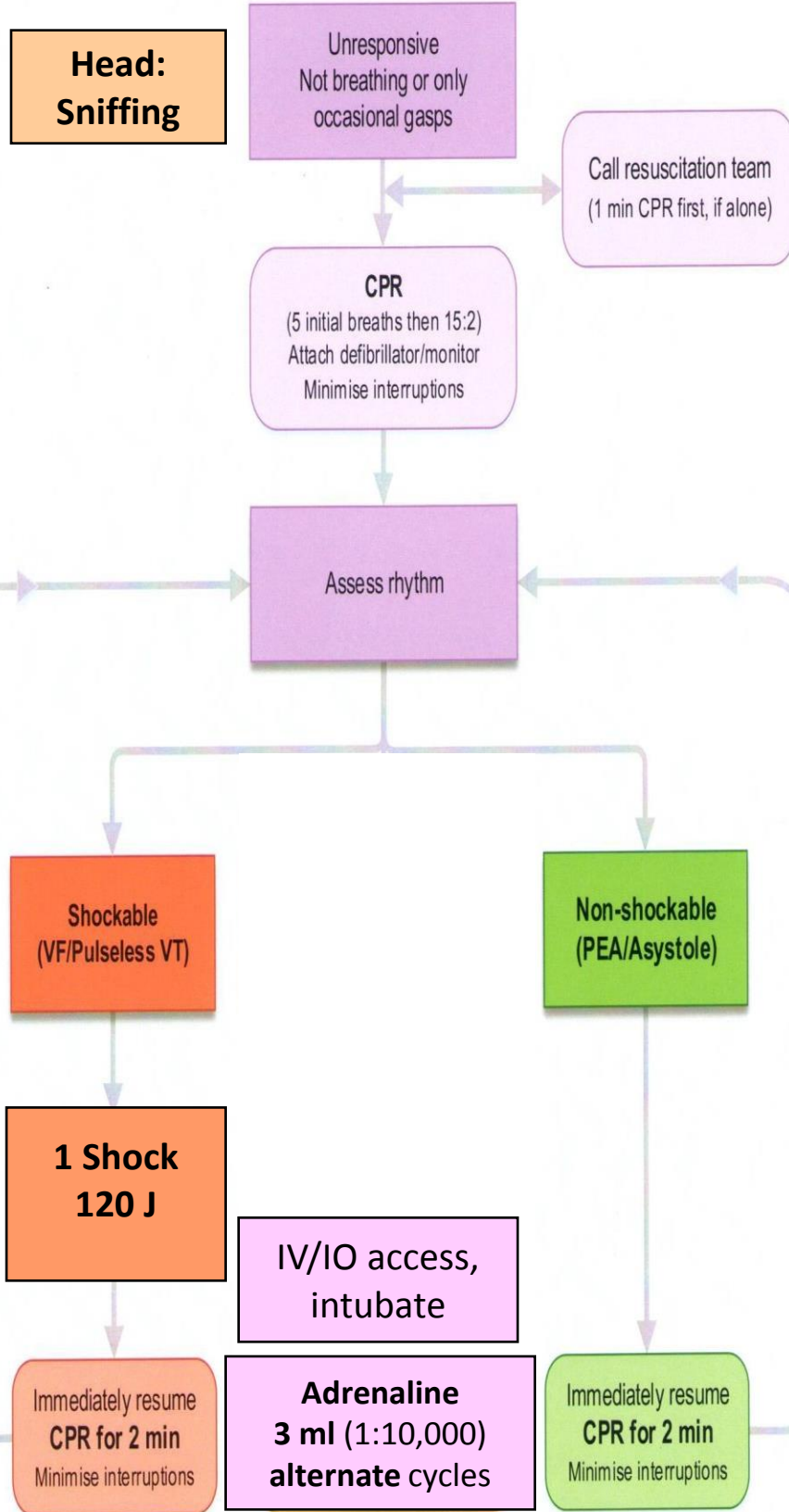
8.4% Sodium Bicarbonate (IV/IO):**30ml**

**SVT rate >220** Following vagal manoeuvres:

Adenosine (3mg/ml) (IV/IO): **3mg** then **6mg** then  
**9mg**

**VT with pulse: Amiodarone 150mgs over 20mins.**

**Consider cardioversion if unstable: 30J, 60J, 60J**



# 30 Kg

ORANGE

## CPR

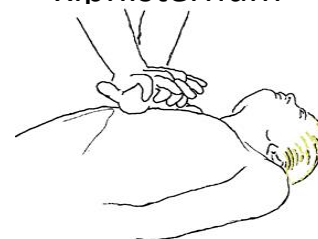
### Minimise interruptions

**If pulse absent or < 60/min** (with poor circulation)

Depth: at least  $\frac{1}{3}$  rd chest

Rate: **100 -120/min**

1 finger breadth above xiphisternum



### **ET tube size:**

**Uncuffed 6.5** ( $\pm 0.5$ mm)

**Cuffed 6.0** ( $\pm 0.5$ mm)

Monitor ETCO<sub>2</sub>

**When To Stop.** The outcome for a child with no signs of life after 30 minutes of non-shockable resuscitation is likely to be very poor. Discontinuation may be justified except in poisoning & extreme hypothermia

Consider **Amiodarone** (300mg/10ml): **5 ml** (after 3<sup>rd</sup> and 5<sup>th</sup> shock)

Consider **Bicarb** (8.4% ): **30 ml**

Consider **Fluid challenge: 600 ml**

### CORRECT REVERSIBLE CAUSES:

Hypoxia, Hypovolaemia, Hyper/hypokalaemia /metabolic, Hypothermia, Tension pneumothorax, Tamponade, Toxins, Thromboembolism

# Other Useful Drugs and Information

## INFUSIONS:

### **Dopamine\*:**

To make standard solution: 15mg/kg in 50ml 5% dextrose

Concentration: 1ml/hr = 5 micrograms/kg/min

Dose Range: 5 – 20 micrograms/kg/min

### **Dobutamine\*:**

To make standard solution: 15mg/kg in 50ml 5% dextrose

Concentration: 1 ml/hr = 5 micrograms/kg/min

Dose Range: 5 – 20 micrograms/kg/min

### **Adrenaline:**

To make standard solution: 0.3mg/kg in 50ml 5% dextrose

Concentration: 1 ml/hr = 0.1 micrograms/kg/min

Dose Range: 0.1 - 4 micrograms/kg/min

### **Noradrenaline:**

To make standard solution: 0.3mg/kg in 50ml 5% dextrose

Concentration: 1 ml/hr = 0.1 micrograms/kg/min

Dose Range: 0.1 - 4 micrograms/kg/min

### **Morphine\*:**

To make standard solution: 1mg/kg in 50ml 5% dextrose

Concentration: 1 ml/hr = 20 micrograms/kg/hr

Dose Range: 10 - 40 micrograms/kg/hr

### **Midazolam\*:**

To make standard solution: 3mg/kg in 50ml 5% dextrose

Concentration: 1 ml/hr = 1 micrograms/kg/min

Dose Range: 1 - 4 micrograms/kg/min

\*To be doubled for infants less than 10kg.

Use 0.9% Saline rather than 5% Dextrose to mix infusions in head injury / meningitis / encephalitis / seizure.

## Other Useful Drugs and Information (continued):

### **Alprostadil (Prostaglandin E2):**

To make standard solution: 30micrograms/kg in 50ml 5% dextrose

Concentration: 1 ml/hr = 10 nanograms/kg/min

Dose Range: 5 - 20 nanograms/kg/min

### **Amiodarone:**

Initial loading dose 5mg/kg over 20 minutes followed by infusion.

To make standard solution: 15mg/kg in 50ml 5% Dextrose

Concentration: 1ml/hr = 5micrograms/kg/min

Dose Range: 5 – 15 micrograms/kg/min/hour

### **Aminophylline:**

Initial loading dose of 5mg/kg (maximum 500mg) over at least 20 minutes followed by infusion.

To make standard solution: 1mg/ml solution in 5% Dextrose

Concentration: 1ml/kg/hr = 1mg/kg/hr

Dose Range: 0.5 – 1mg/kg/hr

### **Insulin for DKA:**

0.05-0.1units/kg/hour

<http://www.bsped.org.uk/clinical/docs/DKAcalculator.pdf>

**Calcium** (for hyperkalaemia, hypocalcaemia and calcium channel blocker overdose):

0.3ml/kg of 10% Calcium Gluconate (i.e. 0.1mmol/kg Ca) to maximum of 4.5mmol (20ml) over 30 minutes **OR**

0.1mls/kg of 10% Calcium Chloride to a maximum of 4.5mmol (6.5mls) over 30 minutes.

**Atropine** (stat dose after vagal stimulation induced bradycardia):

20 micrograms/kg iv (minimum 100mcg to maximum 600mcg)

Birth – 1 month 15 micrograms/kg iv

## GLASGOW COMA SCALE

### SUITABLE FOR UNDER 4 YEARS

**Best = 15, Worst = 3**

RESPONSE	SCORE
<b><i>EYE OPENING</i></b>	
Spontaneously	4
To verbal stimuli	3
To pain	2
No response to pain	1
<b><i>BEST MOTOR RESPONSE</i></b>	
Spontaneous or obeys verbal command	6
Localises to pain or withdraws to touch	5
Withdraws to pain	4
Abdominal flexion to pain (decorticate)	3
Abnormal extension to pain (decerebrate)	2
No response to pain	1
<b><i>BEST VERBAL RESPONSE</i></b>	
Alert, babbles, coos, words to usual ability	5
Less than usual words/ spontaneous irritable cry	4
Cries only to pain	3
Moans to pain	2
No response to pain	1

## **GLASGOW COMA SCALE**

**SUITABLE FOR 4 YEARS AND OVER**

**Best = 15, Worst = 3**

<b>RESPONSE</b>	<b>SCORE</b>
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***EYE OPENING***

Spontaneously	4
To verbal stimuli	3
To pain	2
No response to pain	1

***BEST MOTOR RESPONSE***

Obeys verbal command	6
Localises to pain	5
Withdraws from pain	4
Abnormal flexion to pain (decorticate)	3
Abnormal extension to pain (decerebrate)	2
No response to pain	1

***BEST VERBAL RESPONSE***

Orientated and converses	5
Disorientated and converses	4
Inappropriate words	3
Incomprehensible sounds	2
No response to pain	1

**Normal fluid requirements**

Body weight	Fluid req / day (ml/kg)	Fluid req /hour (ml/kg)
First 10 kg	100	4
Second 10 kg	50	2
Subsequent kilograms	20	1

**Normal Paediatric Ranges**

Age (Years)	Heart Rate / min	Respiratory Rate / min	Systolic BP (mmHg)
<1	110 – 160	30 – 40	80 – 90
1 – 2	100 – 150	25 – 35	85 – 95
2 – 5	95 – 140	25 – 30	85 – 100
5 – 12	80 – 120	20 – 25	90 – 110
>12	60 - 100	15 - 20	100 - 120