

## Management of patients requiring hospitalization with delayed transfer

### Respiratory status:

Reassess oxygen status, supplemental oxygen use, and respiratory effort every 2 hours  
Be aware that improving tachypnea may actually indicate fatigue and impending failure

### Feeding:

Children who are having difficulty breathing are likely to have difficulty eating. Suctioning the nose may help them breathe while they have a bottle in their mouths.

If they are unable to maintain adequate intake, they may need to be supplemented through an NG tube.

Caloric requirements: 80-120 kcal/kg/day. Formula has 20 kcal/oz

Fluid requirements are: 2-3 oz/lb/day, about 4-6 oz/kg/day

### Urine output:

Oliguria defined at  $< 0.5$  mL/kg/hr

Urine output under 1 mL/kg/hr may represent underhydration and over 3 mL/kg/hr may represent overhydration. Adjust IV fluids as needed.

### Maintenance IV fluids:

4 mL/kg/hr for the first 10 kg +

2 mL/kg/hr for each kg  $>10$  kg and  $\leq 20$  kg +

1 mL/kg/hr for each kg  $> 20$  kg

Use D5  $\frac{1}{2}$ NS or normal saline, add KCl as needed.

Type of IV fluids is more debatable in children under 6 weeks. Consider expert consultation or more frequent checks of serum sodium levels in this age range.

### Sedation:

Versed	0.1-0.2 mg/kg/hr, titrate prn
Fentanyl	1-5 mcg/kg/hr

### Re-evaluation of intubated patients:

Daily chest xray as needed

Repeat CBC, BMP, ABG every 12 hours and as needed