ediatric Emergency Quick Reference

Respiratory/Anaphylaxis Medications

Inhaled (Nebulized) Medications	5–10 kg	10-20 kg	Greater than 20 kg
Albuterol (0.5% soln) Dilute in 3 mL 0.9% NaCl Repeat dose p.r.n.	0.5 mL	0.5 mL	0.5–1 mL
Duoneb Repeat dose p.r.n.	N/A	3 mL	3 mL
Ipratropium bromide Repeat dose p.r.n.	0.25 mg	0.5 mg	0.5 mg
Racemic Epi (2.25% soln) Dilute in 3 mL 0.9% NaCl	0.5 mL	0.5 mL	0.5 mL
Epinephrine 1:1,000 For inhaled use	2.5 mL	5 mL	5 mL

Intravenous/Intramuscular		
Medications	Dose	Comment
Diphenhydramine	1–2 mg/kg IV/IO/ IM/PO	Maximum single dose 50 mg
Epinephrine 1:1,000	0.01 mg/kg IM thigh (0.01 mL /kg)	Maximum single dose 0.3 mg (0.3 mL)
Epinephrine autojector (Epi-pen)	0.3 mg IM thigh	for 30 kg or greater
Epinephrine autojector Jr (Epi-pen Jr)	0.15 mg IM thigh	for 10–30 kg
Magnesium sulfate	25–75 mg/kg IV/IO	Maximum single dose 2 grams Dilute to less than 60 mg/ mL in 0.9% NaCl Give over 20–60 minutes
Naloxone	0.1 mg/kg IV/IO/IM	Maximum single dose 2 mg (This is a full reversal dose)
Steroids	Dose	Comment
Dexamethasone	0.6 mg/kg IV/IO/ IM/PO	Maximum daily dose 16 mg
Methylprednisolone sodium succinate	1–2 mg/kg IV/IO/IM	Maximum single dose 60 mg Give over 3 minutes
Prednisone/Prednisolone	1-2 mg/kg PO	Maximum daily dose 60 mg



KIDS Team Mobile ICU
Pediatric/Neonatal Transport
800-500-9111

Antibiotics

Alltiblotics						
Antibiotics for Severe Infections: Sepsis/Meningitis in Children						
Ampicillin	50-100 mg/kg IV/IO/IM	Maximum single dose 3 grams				
Ceftriaxone	100 mg/kg IV/IO/IM	Maximum single dose 2 grams				
Gentamicin	2.5 mg/kg IV/IO	Give over at least 30 minutes Adjust dose in renal failure				
Vancomycin	15 mg/kg IV/IO	Give over at least 60 minutes Adjust dose in renal failure Maximum single dose 1 gram				
Antibiotics for Full Term Neonatal Severe Infections: Sepsis/Meningitis						
Acyclovir	20 mg/kg IV/IO	Give over 60 minutes Adjust dose in renal failure Ensure adequate hydration				
Ampicillin	100 mg/kg IV/IO/IM					
Cefotaxime	50 mg/kg IV/IO/IM					
Gentamicin	4 mg/kg IV/IO	Give over at least 30 minutes Adjust dose in renal failure				
Vancomycin	15 mg/kg IV/IO	Give over at least 60 minutes Adjust dose in renal failure				

Glasgow Coma Scale for Adults and Modified Glasgow Coma Scale for Infants and Children

Response	Adult	Child	Infant	Value	
Eye	Spontaneous	Spontaneous	Spontaneous	4	
opening To speech		To speech	To speech	3	
	To pain	To pain	To pain	2	
	None	None	None	1	
Best	Oriented	Oriented, appropriate	Coos and babbles	5	
verbal	Confused	Confused	Irritable, cries	4	
response	Inappropriate words	Inappropriate words	Cries in response to pain	3	
	Incomprehensible sounds	Incomprehensible words or nonspecific sounds	Moans in response to pain	2	
	None	None	None	1	
Best Obeys motor		Obeys commands	Moves spontaneously and purposely	6	
response	Localizes	Localizes painful stimulus	Withdraws in response to touch	5	
	Withdraws	Withdraws in response to pain	Withdraws in response to pain	4	
	Abnormal flexion	Flexion in response to pain	Decorticate posturing (abnormal flexion) in response to pain	3	
	Extensor response	Extension in response to pain	Decerebrate posturing (abnormal extension) in response to pain	2	
	None	None	None	1	
Total score	•			3-15	

Poison Control Center

800-222-1222

Randall Children's Hospital at Legacy Emanuel

Legacy One Call

Physician Consults/Transfers 800-500-9111

KIDS Team Mobile ICU

Pediatric/Neonatal Transport 800-500-9111

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Pediatric Emergency Quick Reference Card





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Cardiovascular Resuscitation

Drug	Dose	Comment
Adenosine	0.1 mg/kg IV/IO rapid push	Maximum 1st dose 6 mg 2nd dose 0.2 mg/kg Maximum 2nd dose 12 mg
Amiodarone	5 mg/kg IV/IO	May repeat ×2 Maximum single dose 300 mg Pulseless VF/VT: bolus Perfusing Tachycardia: give over 20–60 minutes
Atropine Sulfate	0.02 mg/kg IV/IO	Minimum dose 0.1 mg Maximum single dose 0.5 mg May repeat ×1 in 3–5 minutes *May give higher doses in organophos- phate poisoning
Blood (PRBC)	10 mL /kg IV/IO	
Calcium Chloride 10%	20 mg/kg IV/IO (0.2 mL /kg)	Maximum single dose 1 gram Slow push if cardiac arrest Other indications give over 30–60 minutes Precipitates with sodium bicarbonate
Dextrose 25%	0.5–1 g/kg IV/IO (2–4 mL /kg)	
Dopamine	2–20 microgram/kg/min IV/IO	Use pre-mix to avoid errors
Epinephrine 1:10,000	0.01 mg/kg IV/IO (0.1 mL /kg IV/IO)	May repeat every 3–5 minutes Maximum single dose 1 mg = 10 mL
Epinephrine 1:1,000 (ETT ONLY)	0.1 mg/kg ETT ONLY (0.1 mL /kg) ETT ONLY	May repeat every 3–5 minutes Maximum single dose 2.5 mg = 2.5 mL
Fluid Bolus (0.9% NaCl or Lactated Ringers)	20 mL /kg IV/IO Cardiogenic shock — 5–10 mL /kg IV/IO	Give over 5–10 minutes for severe shock or arrest Give over 15–20 minutes for moderate shock
Lidocaine	1 mg/kg IV/IO loading dose 20–50 micrograms/kg/minute maintenance infusion (after loading dose)	Maximum single dose 100 mg May repeat bolus dose if maintenance infusion initiated more than 15 minutes after loading dose
Magnesium Sulfate	25–50 mg/kg IV/IO	Maximum single dose 2 grams Pulseless arrest: bolus Perfusing VT/torsades: give over 10–20 minutes
Naloxone	0.1 mg/kg IV/IO/IM	Maximum single dose 2 mg (This is a full reversal dose)
PGE1 (Alprostadil)	0.05-0.1 mcg/kg/min	For neonatal ductal dependent lesions
Procainamide	15 mg/kg IV/IO	Give over 30–60 minutes Do not give with amiodarone
Sodium Bicarbonate	1 mEq/kg IV/IO	Give as a slow bolus Use 4.2% concentration in infants less than 1 month of age

Rapid Sequence Intubation

5					
Preparation	Prepare equipment, monitors, personnel, medications, ensure 100% oxygen available and verify suction functional				
Pre-oxygenate	Give 100% oxygen by non-rebreather mask or BVM as indicated				
Pre-treatment Medications	Atropine sulfate	0.02 mg/kg IV/IO/IM	Minimum dose 0.1 mg Maximum single dose 0.5 mg		
	Lidocaine	1–2 mg/kg IV/IO	Maximum single dose 100 mg Consider use if increased ICP		
Induction Medications	Etomidate	0.2 mg/kg IV/IO	Maximum total dose 20 mg Avoid use in septic shock		
	Fentanyl	1–5 mcg/kg IV/IO/IM	May cause chest rigidity in young infants		
	Ketamine	2 mg/kg IV/IO 4–5 mg/kg IM	Preferred for asthma Do not use with increased ICP		
	Midazolam	0.1-0.3 mg/kg IV/IO/IM	Maximum single dose 10 mg		
	Propofol	1–2 mg/kg IV/IO	Avoid use with egg or soy allergy		
Neuromuscular Blockade Medications	Succinylcholine	1–2 mg/kg IV/IO 2–4 mg/kg IM	Use with caution if: increased ICP, neuromuscular disease, hyperkalemia, risk for malignant hyperthermia, rena failure, eye injury, crush injury or burn		
	Rocuronium	1 mg/kg IV/IO/IM			
Positioning and Ventilation	Positive pressure	ventilation if intubation att	tempt delayed		
Intubation and Verification	Direct visualization of ETT passing through the vocal cords Confirm with CO ₂ detection and bilateral breath sounds Verify tip to lip measurement against length based tape or table Secure tube Establish continuous capnography				
Post-intubation Sedation	Multiple options: Benzodiazepine +/- opioid +/- paralytic May give boluses p.r.n. or continuous infusion Continuous infusion options: Midazolam 0.06-0.12 mg/kg/hour IV/IO Fentanyl 1-3 microgram/kg/hour IV/IO Vecuronium 0.09-0.15 mg/kg/hour IV/IO				

Equipment

Age	Weight (kg)	Length (cm)	Hypotensive if Systolic BP Less than	ET tube size	ET tube depth (cm tip to lip)	Laryngoscope blade	LMA	NG tube/suc- tion catheter	Urinary catheter	Chest tube	IV catheter
Premie	1–2		50	2.5–3 un- cuffed	6+wt in kg	0	1	5	5	8–12	24
Term infant– 4 months	3–5	46–59	60	3.5 uncuffed [†]	9–10	1	1	5–8	5–6	10–12	22–24
5–8 months	6–7	60-67	70	3.5 uncuffed [†]	10-10.5	1	1.5	8	5-8	10-12	22–24
9–11 months	8–9	68-75	70	4 uncuffed [†]	10.5–11	1	1.5	8	8	12–14	22–24
1–2 years	10-11	76-84	74	4 uncuffed [†]	11–12	1	2	10	8	14-20	20-24
3–4 years	12–14	85-98	78	4.5 uncuffed [†]	12.5–13.5	2	2	10	8	20-24	20-22
5–6 years	15–18	99–110	82	5	14–15	2	2	10	8	20-24	20-22
7–8 years	19–23	111–121	86	5.5	15.5–16.5	2	2.5	12	10	24-32	18–20
9–10 years	24–29	122-133	90	6	17–18	2	2.5	14	12	28-32	18–20
11–12 years	30-37	134–146	90	6.5	18.5–19.5	3	3	14–16	12	32-40	16–20
Adolescent	38+	147+	90	7	20–21	3	3-4	14–16	12	32-40	16-20

[†]May substitute same or half-size smaller cuffed ETT if low pressure/microthin cuff is used, e.g., MICROCUFF*

Seizures

Drug	Dose	Comment
Diazepam	0.2–0.5 mg/kg IV/IO 0.5 mg/kg PR (using IV preparation)	Maximum total dose varies by age: Neonate — 2 mg Infant to 5 years — 5 mg 5 years to adolescent — 10 mg
Fosphenytoin	20 mg PE/kg load IV/IO	Administer slowly 3 mg PE/kg/min Max rate 150 mg PE/min
Lorazepam	0.05-0.1 mg/kg IV/IO/IM	Maximum single dose 2 mg Maximum total dose 8 mg
Midazolam	0.1 mg/kg IV/IO 0.3 mg/kg intranasal	Maximum total dose varies by age: 6 months to 5 years — 6 mg 6 years and older — 10 mg For intranasal: use 5mg/ mL concentra- tion with atomizer, Maximum volume 1 mL per nare
Phenobarbital	20 mg/kg load IV/IO	Maximum total load 30 mg/kg
Valproic acid	20 mg/kg load IV/IO	For status epilepticus refractory to multiple other agents

Cardiac Electricity Cardioversion and Defibrillation

	Indications	1st dose	Subsequent doses
Defibrillation	VF/Pulseless VT	2-4 J/kg	4–10 J/kg
Synchronized Cardioversion	Unstable SVT/VT with pulse	0.5–1 J/kg	2 J/kg

