

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

October 2020 edition reflecting 2015 AHA guidelines. For inquiries, contact PediNet@lhs.org.

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RANDALL CHILDREN'S HOSPITAL
LEGACY EMANUEL

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Respiratory Medications

Inhaled (Nebulized) Medications	5–10 kg	10–20 kg	Greater than 20 kg
Albuterol (5 mg/mL: 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 (ipratropium/albuterol) 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 mg/mL (1:1,000) for inhaled use	2.5 mL	5 mL	5 mL
Intravenous/Intramuscular Medications	Dose	Comment	
Magnesium sulfate	50 mg/kg IV/IO	Maximum 2 grams/dose Dilute to less than 60 mg/mL in 0.9% NaCl Administer over 15–30 minutes	
Naloxone–Total Reversal	0.1 mg/kg IV/IO/IM	Maximum 2 mg/dose	
Naloxone–Partial Reversal	Dilute 0.4 mg (1 mL of 0.4 mg/mL) in 9 mL of 0.9% Sodium Chloride injection	Titrate in 1 mL increments to desired effect	
Steroids	Dose	Comment	
Prednisone/Prednisolone	1–2 mg/kg PO	Maximum 60 mg/dose	
Dexamethasone	0.6 mg/kg IV/IO/IM/PO	Maximum 16 mg/dose	
Methylprednisolone sodium succinate	1–2 mg/kg IV/IO/IM	Maximum 60 mg/dose Give over 5 minutes	

Anaphylaxis Medications

Intravenous/Intramuscular Medications	Dose	Comment
Diphenhydramine	1 mg/kg IV/IO/IM/PO	Maximum 50 mg
Epinephrine 1 mg/mL (1:1,000)	Route: IM thigh • <10 kg 0.01 mg/kg (0.01 mL/kg) • 10–29 kg 0.15 mg (0.15 mL) • ≥30 kg 0.3 mg (0.3 mL)	
Epinephrine autojector (Epi-pen)	≥30 kg: 0.3 mg IM thigh	
Epinephrine autojector Jr (Epi-pen Jr)	10–29 kg: 0.15 mg IM thigh	

Antibiotics for Severe Infections: Sepsis/Meningitis

Infants and Children		
Ampicillin	100 mg/kg IV/IO/IM	Maximum 3 grams/dose
Ceftriaxone	100 mg/kg IV/IO/IM	Maximum 2 grams/dose
Vancomycin	15–20 mg/kg IV/IO	Give over at least 60 minutes Maximum 2 grams/dose
Full Term Neonate (birth to 28 days)		
Ampicillin	100 mg/kg IV/IO/IM	First line treatment for neonatal sepsis
Gentamicin	4 mg/kg IV/IM	First line treatment for neonatal sepsis Give over at least 30 minutes
Ceftazidime	50 mg/kg IV/IO/IM	Add for suspected meningitis

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

Response	Adult	Child	Infant	Coded Value
Eye opening	Spontaneous	Spontaneous	Spontaneous	4
	To speech	To verbal command	To shout, speech	3
	To pain	To pain	To pain	2
	No response	No response	No response	1
Best verbal response	Oriented	Oriented and converses	Smiles, coos and babbles	5
	Confused	Disoriented, confused	Cries but is consolable	4
	Inappropriate words	Inappropriate words	Persistent, inappropriate crying and/or screaming	3
	Incomprehensible words	Incomprehensible sounds	Moans, grunts to pain	2
Best motor response	No response	No response	No response	1
	Obeys	Obeys commands	Spontaneous movements	6
	Localizes	Localizes pain	Withdraws to touch	5
	Withdraws	Flexion-appropriate withdraw	Flexion-appropriate withdraw	4
	Abnormal flexion	Flexion-abnormal (decorticate rigidity)	Flexion-abnormal (decorticate rigidity)	3
	Extensor response	Extension (decerebrate rigidity)	Extension (decerebrate rigidity)	2
	No response	No response	No response	1
Total score				3–15



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Pediatric Emergency Quick Reference Card



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Cardiovascular Resuscitation

Drug	Dose	Comment
Adenosine	RAPID PUSH (all doses) 1st dose: 0.1 mg/kg IV/IO 2nd dose: 0.2 mg/kg	Maximum 6 mg/dose Maximum 12 mg/dose
Amiodarone	5 mg/kg IV/IO	Maximum 300 mg/dose May repeat x2 Pulseless VF/VT: Bolus Perfusing Tachycardia: give over 20–60 minutes
Atropine Sulfate	0.02 mg/kg IV/IO	Maximum 0.5 mg/dose May repeat x1 in 3–5 minutes *May give higher doses in organophosphate poisoning
Blood (PRBC)	10 mL /kg IV/IO	Use caution in chronic anemia
Calcium Chloride 10%	20 mg/kg IV/IO (0.2 mL /kg)	Maximum 1 gram/dose Slow push if cardiac arrest Other indications give over 30–60 minutes Precipitates with sodium bicarbonate
Dextrose	0.5–1 g/kg IV/IO	Dextrose 25% 2–4 mL /kg Dextrose 10% 5–10 mL /kg Dextrose 10% 2–4 mL /kg for newborns Dilute Dextrose 50% 1:1 = Dextrose 25%
Dopamine	2–20 microgram/kg/min IV/IO	Use pre-mix to avoid errors
Epinephrine 0.1 mg/ mL (1:10,000)	0.01 mg/kg IV/IO (0.1 mL /kg IV/IO)	May repeat every 3–5 minutes Maximum 1 mg = 10 mL/dose
Epinephrine 1 mg/ mL (1:1,000) (ETT ONLY)	0.1 mg/kg ETT ONLY (0.1 mL /kg) ETT ONLY	May repeat every 3–5 minutes Maximum 2.5 mg = 2.5 mL/dose
Fluid Bolus (0.9% NaCl or Lactated Ringers)	20 mL /kg IV/IO Cardiogenic shock — 5–10 mL /kg IV/IO	Give over 5–20 minutes
Lidocaine	Loading dose: 1 mg/kg IV/IO Maintenance: 20-50 mcg/kg/min IV/IO (s/p loading dose)	Maximum 100 mg/dose May repeat bolus dose if maintenance infusion initiated more than 15 minutes after loading dose
Magnesium Sulfate	25–50 mg/kg IV/IO	Maximum 2 grams/dose Pulseless arrest: bolus Perfusing VT/torsades: give over 10–20 minutes
Naloxone — Total Reversal	0.1 mg/kg IV/IO/IM	Maximum 2 mg/dose
PGE1 (Alprostadil)	0.05–0.1 mcg/kg/min	For neonatal ductal dependent lesions
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 (RSI)

Preparation	Prepare equipment, monitors, personnel, medications, ensure 100% oxygen available and verify suction functional		
Pre-oxygenate	Give 100% oxygen by positive pressure ventilation (PPV) before and during RSI		
Pre-treatment Medications	Lidocaine	1–2 mg/kg IV/IO	Maximum 100 mg/dose Consider for increased ICP
Induction Medications	Etomidate	0.2–0.4 mg/kg IV/IO	Maximum 20 mg/dose
	Fentanyl	1–3 mcg/kg IV/IO/IM	Maximum 100 mcg/dose; slow push for infants to avoid chest rigidity
	Ketamine	1–2 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 5 mg/dose
	Propofol	1–2 mg/kg IV/IO	
	Rocuronium	1 mg/kg IV/IO/IM	Preferred for children
	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, renal failure, eye injury, crush injury or burn
Intubation and Verification	Direct visualization of ETT passing through the vocal cords Confirm with CO ₂ detection and bilateral breath sounds Verify tip to teeth/gum measurement against length based tape or table Secure tube Establish continuous capnography		
Post-intubation Sedation	Seek expert consultation: Legacy One Call 800-500-9111		

Severe Aggression

Drug	Dose	Comment
Olanzapine (Zyprexa®)	Every 2 hours p.r.n. agitation: 5–11 years: 5 mg (PO or IM) — max dose 20 mg/day ≥12 years: 10 mg (PO or IM) — max dose 20 mg/day	DO NOT administer concomitantly with IM/IV lorazepam due to increased respiratory depression
Ziprasidone (Geodon®)	Every 2 hours p.r.n. agitation: 5–11 years: 2.5 mg (PO or IM) — max dose 10 mg/day 12–16 years: 5 mg (PO or IM) — max dose: 20 mg/day >16 years: 10 mg (PO or IM) — max dose 40 mg/day	Alternative for olanzapine allergy or if max total dose of IM/PO olanzapine reached

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	0.5-1	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
9–12 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
<i>First-line Therapy — Benzodiazepine</i>		
Lorazepam	0.1 mg/kg IV/IO/IM	Maximum 4 mg/dose May repeat x 1 in 5 minutes Maximum 8 mg/total dose
Midazolam	0.3 mg/kg intranasal	Use 5 mg/ mL concentration with atomizer Maximum volume 1 mL per nare Maximum 10 mg/dose
Diazepam	Use rectal gel or IV preparation rectally 0.2 mg/kg >= 12 years 0.3 mg/kg 6–11 years 0.5 mg/kg up to 6 years	Round dose to nearest 2.5 mg increment. Maximum 20 mg/dose
<i>Second-line therapy if still seizing or directed by pediatric neurology</i>		
Levetiracetam	60 mg/kg load IV/IO over 3–5 min	Maximum 4,500 mg/dose
Fosphenytoin	20 mg PE/kg load IV/IO	Administer slowly 3 mg PE/kg/min Maximum rate 150 mg PE/min
Phenobarbital	20 mg/kg load IV/IO	Preferred for neonates; consult peds neurology

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



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