Commonly Prescribed Drugs in Hospital PAEDS

NOTE: in paediatrics medication doses must be evenly spaced, so prescribe 'hourly' rather than TDS/QDS

Emergencies

You must know these…

CARDIAC ARREST= DC shock 4J/kg biphasic, **Adrenaline 1:10,000 IV** 0.1ml/kg (10mcg/kg), **Amiodarone** 5mg/kg IV
ANAPHALAXIS= Adrenaline 1:1000 IM <6 years 150mcg (0.15ml), 6-12 years 300mcg (0.3ml), >12 years 500mcg (0.5ml)
SEIZURE= Lorazepam 0.1mg/kg IV (max 4mg; or, if no IV access, **Diazepam** 0.5mg/kg PR *or* **Buccal midazolam** 0.5mg/kg TOP)
SEPSIS= Ceftriaxone 80mg/kg IV
STRIDOR= Adrenaline nebuliser 0.5ml/kg 1:1000 NEB (max 5ml)
HYPOGLYCAEMIA= 10% dextrose 2.5ml/kg IV *or* **Glucagon IM** neonate 20mcg/kg, <25kg 500mcg, >25kg 1mg (if no IV access) *or* 0.3g/kg PO glucose gel or tablets
SVT (without adverse signs)= Adenosine 100mcg/kg IV (can be followed by 200mcg/kg then another 300mcg/kg if unsuccessful)
VT (without adverse signs)= Amiodarone 5mg/kg IV over 30mins
TACHYCARDIA (with adverse signs)= Synchronised DC shock 1J/kg (can be followed by 2J/kg shocks)
BRADYCARDIA (due to increased vagal tone or heartblock)= Adrenaline 10mcg/kg IV (0.1ml/kg of 1:10,000 solution), **Atropine** 20mcg/kg IV (minimum 100mcg, maximum 500mcg single dose)

Analgesia

Paracetamol 20mg/kg PO loading dose then 15mg/kg 8-hourly <1 month or 6-hourly >1 month (max: 30mg/kg/d <1 month, 60mg/kg/d <3 months, 1g/dose >3 months)
Morphine 0.2mg/kg PO or 0.1mg/kg IV
Intranasal diamorphine 0.1mg/kg TOP

Fluid bolus

Normal saline 20mg/kg IV (may given by 50ml syringes in infants)

Nausea/vomiting >2 years old

Ondansetron 100mcg/kg IV (maximum 4mg)

Wheeze

Salbutamol 10 puffs inhaler INH via spacer (or 2 puffs and increase by 2 puffs every 2mins depending on response – max 10 puffs)
Salbutamol 2.5mg NEB PRN 4-6hourly (max 20mg)
Ipratropium bromide 250micrograms NEB, PRN 4-6hourly (max 2mg)
Prednisolone 1-2mg/kg PO OD (max 40mg)

Electrolyte replacement

Hypokalaemia
Mild (>2.5mmol/L): Sando-K tablets (12mmol/tablet) or **Kay-Cee-L** liquid (1mmol/ml) 0.5-1mmol/kg PO BD x $^{3}/_{7}$ (max 72mmol/day)
Severe (<2.5mmol/L or symptomatic): Potassium chloride 1mmol/kg over 6-12 hours using ready-made solution of 20mmol potassium chloride in 500ml 0.9% saline or 0.9% saline/5% dextrose IV (max rate 0.2mmol/kg/h without ECG monitoring)

Hyperkalaemia
1. ECG and cardiac monitoring
2. Calcium gluconate 10% 0.5-1ml/kg IV (max 10ml) over 5-10 mins – *can be used undiluted in emergencies*
3. Actrapid insulin 0.1units/kg in 2ml/kg 25% dextrose IV over 30 mins
4. Calcium resonium

Hypocalcaemia
Calcium gluconate 10% 0.5ml/kg IV (over 30mins, max 10ml) – *should be diluted: 1ml 10% calcium gluconate to 4ml normal saline or 5% dextrose*

Hypomagnesemia
Mild (>0.5mmol/L): Magnesium glycerophosphate 4mmol tablets (can be divided to smaller doses) 0.2mmol/kg PO every 8 hours (max 8mmol/dose) x $^{3}/_{7}$
Severe (<0.5mmol/L or symptomatic): Magnesium sulphate 10% 0.5-1ml/kg (over 2 hours, max 20ml) – *note 10ml of 10% = 1g = 4mmol*

Hypophosphataemia

Mild (>0.65mmol/L): Phosphate-Sandoz effervescent tablets (16.1mmol/tablet) 2-3mmol/kg PO daily in 2-4 divided doses x $^{3}/_{7}$ (max 48mmol/day <5years, 97mmol/day >5years)
Severe (<0.65mmol/L): Sodium glycerphosphate neonate 1mmol/kg, <2y 0.7mmol/kg, 2-8y 0.4mmol/kg, >25kg 10mmol (<u>not</u> per kg) IV over 12 *hours – diluted to 0.02mmol/ml in normal saline e.g. 10mmol sodium glycerophosphate in 500ml normal saline*