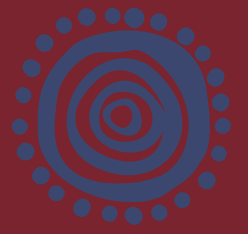


10 kg



10 kg

# 10 kg

Intubation – prepare ONE size tube above and below recommended size			
ETT size – microcuff	4 mm	NG tube	8 - 10 Fr
Laryngoscope blade	1/2	ICC tube	12 - 16 Fr
ETT at lips – cm	11 cm	LMA	1.5
ETT at nose – cm	13 cm	IDC	8 Fr

ANAPHYLAXIS		
IM Adrenaline (Epinephrine) 1:1000 (1 mg/mL)		
Dose	Volume	Autoinjector
100 microg	0.1 mL	150 microg

\*Use autoinjector only if adrenaline 1:1000 not available

Resuscitation	Vial concentration	Recommended dose/kg	Preparation		Dose	Final volume to administer	Administration
			Dilution – Sodium Chloride 0.9%	Final concentration			
Adrenaline (Epinephrine) 1:10 000 (1 mg/10 mL)	100 microg/mL	10 microg/kg	Undiluted	100 microg/mL	<b>100 microg</b>	1 mL	Push
DC shock – VF/ pulseless VT		4 Joule/kg	Round up energy level to next highest setting on defibrillator		<b>40 Joule</b>		Use infant or paediatric pads
AmiODAROne (150 mg/3 mL)	50 mg/mL	5 mg/kg	<i>Dilute 3 mL (150 mg) to 15 mL in glucose 5%</i>	10 mg/mL	<b>50 mg</b>	5 mL	Push over 5 mins
Fluid Bolus		10 mL/kg	Sodium Chloride 0.9%			100 mL	Push
Fluid Bolus		20 mL/kg	Sodium Chloride 0.9%			200 mL	Push
Glucose 10%	100 mg/mL	2 mL/kg	Glucose 10%		100 mg/mL	20 mL	Push
Adenosine (6 mg/2 mL) – 1st dose	3 mg/mL	0.1 mg/kg	Undiluted		<b>1 mg</b>	0.33 mL	Push via proximal vein or CVL – Follow immediately by a 10 - 20 mL fast flush
Adenosine (6 mg/2 mL) – 2nd dose	3 mg/mL	0.2 mg/kg			<b>2 mg</b>	0.67 mL	
Adenosine (6 mg/2 mL) – 3rd dose	3 mg/mL	0.3 mg/kg			<b>3 mg</b>	1 mL	
Synchronised Cardioversion		1 Joule/kg	Round up energy level to next highest setting on defibrillator		<b>10 Joule</b>		Use infant or paediatric pads
		2 Joule/kg			<b>20 Joule</b>		
Atropine (600 microg/mL)	600 microg/mL	20 microg/kg	Dilute 1 mL (600 microg) to 6 mL	100 microg/mL	<b>200 microg</b>	2 mL	Push
Push dose pressors – Doses may be repeated if required							
Adrenaline (Epinephrine) 1:10 000 (1 mg/10 mL)	100 microg/mL	1 microg/kg	Dilute 1 mL (100 microg) to 10 mL	10 microg/mL	<b>10 microg</b>	1 mL	Push
Metaraminol (Syringe 5 mg/10 mL)	500 microg/mL	10 microg/kg	Consider Adrenaline (Epinephrine) Push Dose Pressor	Consult	<b>Consult</b>	Consult	Push

Induction agents	Vial concentration	Recommended dose/kg	Dilution – Sodium Chloride 0.9%	Final concentration	Dose	Final volume	Administration
Fentanyl (100 microg/2 mL)	50 microg/mL	2 - 5 microg/kg	Dilute 2 mL (100 microg) to 10 mL	10 microg/mL	<b>20 microg</b>	2 mL	Push over 1 - 3 mins
Ketamine (200 mg/2 mL)	100 mg/mL	1 - 2 mg/kg	Dilute 2 mL (200 mg) to 20 mL	10 mg/mL	<b>10 mg</b>	1 mL	Push over 60 secs
PropOFol (200 mg/20 mL)	10 mg/mL	2 - 3 mg/kg	Undiluted	10 mg/mL	<b>20 mg</b>	2 mL	Push over 30 secs
Midazolam	Various strengths	0.1 - 0.2 mg/kg	Dilute to 1 mg/mL regardless of ampoule strength	1 mg/mL	<b>1 mg</b>	1 mL	Push over 30 secs

Paralytic agents	Vial concentration	Recommended dose/kg	Dilution – Sodium Chloride 0.9%	Final concentration	Dose	Final volume	Administration
Rocuronium (50 mg/5 mL)	10 mg/mL	1.2 mg/kg	Undiluted	10 mg/mL	<b>12 mg</b>	1.2 mL	Push
Suxamethonium (100 mg/2 mL)	50 mg/mL	2 mg/kg	Dilute 2 mL (100 mg) to 10 mL	10 mg/mL	<b>20 mg</b>	2 mL	Push
Vecuronium (10 mg)	10 mg	0.1 mg/kg	<i>Reconstitute vial with 10 mL WFI</i>	1 mg/mL	<b>1 mg</b>	1 mL	Push

Reversal agents	Vial concentration	Recommended dose/kg	Preparation		Dose	Final volume to administer	Administration
			Dilution – Sodium Chloride 0.9%	Final concentration			
Sugammadex (200 mg/2 mL) Rocuronium reversal	100 mg/mL	16 mg/kg	Undiluted	100 mg/mL	<b>160 mg</b>	1.6 mL	Push
Flumazenil (500 microg/5 mL) Benzodiazepine reversal	100 microg/mL	5 microg/kg	Undiluted	100 microg/mL	<b>50 microg</b>	0.5 mL	Push – Every 60 secs Max single dose 200 microg Max total dose 2000 microg
Naloxone (400 microg/mL) Opioid reversal	400 microg/mL	10 microg/kg	Undiluted	400 microg/mL	<b>100 microg</b>	0.25 mL	Push – Every 2 - 3 mins May be given IM

Respiratory	Vial concentration	Recommended dose/kg	Dilution – Sodium Chloride 0.9%	Final concentration	Dose	Final volume	Administration
Nebulised Adrenaline (Epinephrine) 1:1000	1 mg/mL		Undiluted	1 mg/mL	<b>5 mg</b>	5 mL	Via nebuliser
Dexamethasone (4 mg/mL)	4 mg/mL	0.3 mg/kg	Undiluted	4 mg/mL	<b>3 mg</b>	0.75 mL	IV or IM
Magnesium Sulfate (10 mmol/5 mL)	2 mmol/mL	0.2 mmol/kg	Dilute 5 mL (10 mmol) to 50 mL	0.2 mmol/mL	<b>2 mmol</b>	10 mL	Infuse over 20 mins
Hydrocortisone (100 mg + 2 mL diluent)	50 mg/ mL	4 mg/kg	<i>Reconstitute vial with 2 mL WFI</i>	50 mg/mL	<b>40 mg</b>	0.8 mL	Push over 30 secs or IM
Methylprednisolone (40 mg/mL) sodium succinate	40 mg/mL	1 mg/kg	Dilute 1 mL (40 mg) to 4 mL	10 mg/mL	<b>10 mg</b>	1 mL	Push over 5 mins Sodium succinate ONLY
Salbutamol (5 mg/5 mL)	1000 microg/mL	15 microg/kg	Dilute 5 mL (5000 microg) to 100 mL	50 microg/mL	<b>150 microg</b>	3 mL	Load – Infuse over 10 mins
Aminophylline (250 mg/10 mL)	25 mg/mL	5 mg/kg	Dilute 10 mL (250 mg) to 50 mL	5 mg/mL	<b>50 mg</b>	10 mL	Load – Infuse over 30 mins

Neurology/seizures	Vial concentration	Recommended dose/kg	Dilution – Sodium Chloride 0.9%	Final concentration	Dose	Final volume	Administration
Midazolam – <b>IV</b>	Various strengths	0.15 mg/kg	Dilute to 1 mg/mL regardless of ampoule strength	1 mg/mL	<b>1.5 mg</b>	1.5 mL	Push
Midazolam – <b>IM</b>	5 mg/mL	0.2 mg/kg	Undiluted	5 mg/mL	<b>2 mg</b>	0.4 mL	IM
Midazolam – <b>Buccal/Nasal</b>	5 mg/mL	0.3 mg/kg	Undiluted	5 mg/mL	<b>3 mg</b>	0.6 mL	Drip dose into alternate nostrils or inside cheek
Phenytoin (100 mg/2 mL) (250 mg/5 mL)	50 mg/mL	20 mg/kg	Dilute 5 mL (250 mg) to 25 mL	10 mg/mL	<b>200 mg</b>	20 mL	Infuse over 20 mins *use 0.22 micron filter*
Phenobarbital (200 mg/mL)	200 mg/mL	20 mg/kg	Dilute 1 mL (200 mg) to 10 mL	20 mg/mL	<b>200 mg</b>	10 mL	Infuse over 20 mins
Levetiracetam (500 mg/5 mL)	100 mg/mL	60 mg/kg	Dilute 10 mL (1000 mg) to 20 mL	50 mg/mL	<b>600 mg</b>	12 mL	Push over 5 mins
Sodium Valproate (400 mg/4 mL)	100 mg/mL	40 mg/kg	Dilute 4 mL (400 mg) to 10 mL	40 mg/mL	<b>400 mg</b>	10 mL	Infuse over 3 - 5 mins
Mannitol 20%	0.2 g/mL	0.5 g (2.5 mL)/kg	Pre-mixed bag	0.2 g/mL	<b>5 g</b>	25 mL	Infuse over 10 mins*use 5 micron filter*
Sodium Chloride 3% – Hypertonic *For raised ICP or hyponatremic seizures*	0.5 mmol/mL	3 mL/kg	Pre-mixed bag	0.5 mmol/mL	<b>30 mL</b>	30 mL	Infuse over 10 mins via central/large vein

Electrolytes	Vial concentration	Recommended dose/kg	Preparation		Dose	Final volume to administer	Administration
			Dilution – Sodium Chloride 0.9%	Final concentration			
<b>Hypokalaemia (↓ Potassium)</b> Potassium Chloride 10 mmol in 0.29% Sodium Chloride (100 mL)	0.1 mmol/mL	0.3 mmol/kg	Pre-mixed bag	0.1 mmol/mL	<b>3 mmol</b>	30 mL	Infuse over 1 hour
<b>Hyperkalaemia (↑ Potassium)</b> Calcium gluconate (2.2 mmol/10 mL)	0.22 mmol/mL	0.11 mmol/kg	Undiluted	0.22 mmol/mL	<b>1.1 mmol</b>	5 mL	Large vein push over 3 - 5 mins DO NOT give with sodium bicarbonate
Salbutamol Nebules	2.5 mg/2.5 mL	Age based	Dilute to 4 mL	–	<b>2.5 mg</b>	–	Inhale via nebuliser
Furosemide (20 mg/2 mL)	10 mg/mL	1 mg/kg	Dilute 2 mL (20 mg) to 20 mL	1 mg/mL	<b>10 mg</b>	10 mL	Push over 5 mins
Glucose 10% (with insulin below)	See Infusion guide for doses and administration directions. In a rare event of cardiac arrest due to hyperkalaemia, Glucose 10% and Insulin may be given more quickly see below						
Insulin – Actrapid (300 units/3 mL)							
<b>Hyperkalaemia (Cardiac arrest)</b> Glucose 10%		5 mL/ kg	Use a Glucose 10% bag undiluted	10%	<b>50 mL</b>	50 mL	ARREST dose only. Push over 3 - 5 mins followed by insulin dose
Insulin - Actrapid (300 units/3 mL)	100 units/mL	0.1 units/ kg	Dilute 0.1 mL (10 units) to 10 mL	1 unit/mL	<b>1 unit</b>	1 mL	ARREST dose only. Push over 3 - 5 mins. High risk of hypoglycaemia. Monitor BSL closely
Sodium Bicarbonate 8.4%	1 mmol/mL	1 mmol/kg	Dilute 10 mL (10 mmol) to 20 mL	0.5 mmol/mL	<b>10 mmol</b>	20 mL	Large vein push over 5 mins DO NOT mix with other drugs
Resonium A	–	0.25 g/kg	Mix 1 scoop (15 g) with 60 mL water	0.25 g/mL	<b>2.5 g</b>	10 mL	Oral, nasogastric or rectal
<b>Hypocalcaemia – Critical (↓ calcium)</b> Calcium gluconate (2.2 mmol/10 mL)	0.22 mmol/mL	0.11 mmol/kg	Undiluted	0.22 mmol/mL	<b>1.1 mmol</b>	5 mL	Large vein push over 3 - 5 mins DO NOT give with sodium bicarbonate
<b>Hypomagnesaemia or Arrhythmia</b> Magnesium Sulfate (10 mmol/5 mL)	2 mmol/mL	0.2 mmol/kg	Dilute 5 mL (10 mmol) to 50 mL	0.2 mmol/mL	<b>2 mmol</b>	10 mL	<b>Pulse absent</b> – Push over 3 - 5 mins <b>Pulse present</b> – Infuse over 20 mins

Trauma	Vial concentration	Recommended dose/kg	Dilution – Sodium Chloride 0.9%	Final concentration	Dose	Final volume	Administration
Blood – Initial		10 mL/kg			<b>100 mL</b>	100 mL	As clinically indicated
Tranexamic Acid – 1000 mg/10 mL	100 mg/mL	15 mg/kg	Dilute 10 mL (1000 mg) to 100 mL	10 mg/mL	<b>150 mg</b>	15 mL	Infuse over 10 mins

For ongoing bleeding refer to local Massive Haemorrhage Protocol for blood and product replacement

**10kg**

Analgesia	Vial concentration	Recommended dose/kg	Preparation		Dose	Final volume to administer	Administration
			Dilution – Sodium Chloride 0.9%	Final concentration			
Fentanyl – <b>Nasal</b> (100 microg/2 mL) Use Mucosal Atomiser Device (MAD)	50 microg/mL	1.5 microg /kg	Undiluted	50 microg/mL	<b>15 microg</b>	0.3 mL	Add 0.1 mL to initial dose to accommodate (MAD) dead space. May repeat after 5 - 10 mins
Fentanyl – <b>IV</b> (100 microg/2 mL)	50 microg/mL	0.5 - 1 microg/kg	Dilute 2 mL (100 microg) to 10 mL	10 microg/mL	<b>5 microg</b>	0.5 mL	Dose may be repeated after 5 mins if required
Morphine – <b>IV</b> (10 mg/mL)	10 mg/mL	0.05 - 0.1 mg/kg	Dilute 1 mL (10 mg) to 10 mL	1 mg/mL	<b>0.5 mg</b>	0.5 mL	Dose may be repeated after 5 mins if required

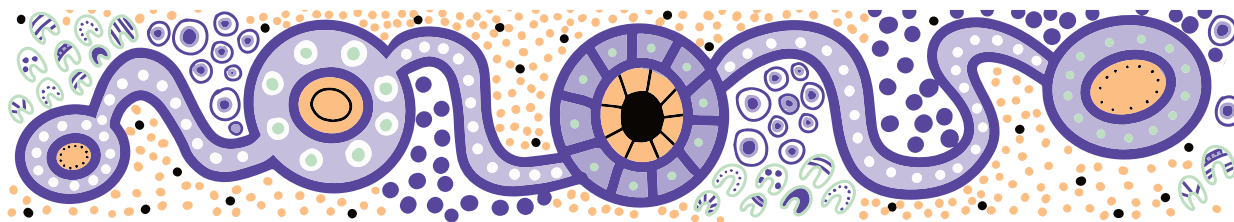
Analgesia if intraosseous <b>IO</b> drug or fluid administration causes pain	Vial concentration	Recommended dose/kg	Dilution – Sodium Chloride 0.9%	Final concentration	Dose	Final volume	Administration
Lidocaine 1% <b>IO</b>	10 mg/mL (1%)	0.5 mg/kg	Undiluted	10 mg/mL	<b>5 mg</b>	0.5 mL	Instill dose - Follow with 1 mL slow push of Sodium Chloride 0.9% over 1 - 2 mins. Allow to dwell for 1 min. Rapid flush with 5 mL. Half original dose can be repeated as above

Antiarrhythmics - only in consultation with a Paediatric Cardiologist	Vial concentration	Recommended dose/kg	Dilution – Sodium Chloride 0.9%	Final concentration	Dose	Final volume	Administration
AmiODAROne (Load) 150 mg/3 mL	See Infusion guide for doses and administration directions						
Esmolol 100 mg/10 mL	10 mg/mL	0.25 - 0.5 mg/kg	Undiluted	10 mg/mL	<b>2.5 mg</b>	0.25 mL	LOAD – Push over 1 - 2 mins. Continuous infusion may be considered after loading dose
Verapamil 5 mg/2 mL	2.5 mg/mL	0.1 mg/kg	Dilute 2 mL (5 mg) up to 10 mL	0.5 mg/mL	<b>Consult</b>	<b>Consult</b>	Infuse over 5 - 10 mins

**10kg**

# Queensland Paediatric Sepsis Program

Reducing the burden of sepsis on Queensland Children and families  
[childrens.health.qld.gov.au/sepsis](http://childrens.health.qld.gov.au/sepsis)



10kg

Antimicrobials	Vial concentration	Recommended dose/kg	Preparation		Dose	Dose in mL	Administration - 1st dose
			Dilution – Sodium Chloride 0.9%	Final concentration			
Aciclovir (250 mg/10 mL) (500 mg/20 mL)	25 mg/mL	20 mg/kg	Dilute 10 mL (250 mg) to a final volume of 50 mL	5 mg/mL	<b>200 mg</b>	40 mL	Infuse over 60 mins
Amoxicillin (1 g)	1000 mg	50 mg/kg	Reconstitute 1 g vial with 5 mL WFI - Withdraw entire volume and further dilute to a final volume of 20 mL	50 mg/mL	<b>500 mg</b>	10 mL	Infuse over 30 mins. Doses of 100 mg/kg may be required for meningitis
AMPicillin (1 g)	1000 mg	50 mg/kg	Reconstitute 1 g vial with 5 mL WFI - Withdraw entire volume and further dilute to a final volume of 10 mL	100 mg/mL	<b>500 mg</b>	5 mL	PUSH over 3 - 5 mins. Doses of 100 mg/kg may be required for meningitis
Benzylpenicillin (1.2 g)	1200 mg	60 mg/kg	Reconstitute 1.2 g vial with 6 mL WFI - Withdraw entire volume and further dilute to a final volume of 20 mL	60 mg/mL	<b>600 mg</b>	10 mL	Infuse over 30 mins
cefaZOLin (1 g)	1000 mg	50 mg/kg	Reconstitute 1 g vial with 5 mL WFI - Withdraw entire volume and further dilute to a final volume of 10 mL	100 mg/mL	<b>500 mg</b>	5 mL	PUSH over 3 - 5 mins
cefOTAXIME (1 g)	1000 mg	50 mg/kg	Reconstitute 1 g vial with 5 mL WFI - Withdraw entire volume and further dilute to a final volume of 10 mL	100 mg/mL	<b>500 mg</b>	5 mL	PUSH over 3 - 5 mins
cefOTAXIME <b>Intramuscular</b> (1 g)	1000 mg	50 mg/kg	Reconstitute 1 g vial with 2.6 mL of WFI	330 mg/mL	<b>500 mg</b>	1.5 mL	<b>IM:</b> Max 1 mL per IM injection site
cefTAZIDIME (1 g)	1000 mg	50 mg/kg	Reconstitute 1 g vial with 5 mL WFI - Withdraw entire volume and further dilute to a final volume of 10 mL	100 mg/mL	<b>500 mg</b>	5 mL	PUSH over 3 - 5 mins
cefTRIAZONE (1 g)	1000 mg	50 mg/kg	Reconstitute 1 g vial with 5 mL WFI - Withdraw entire volume and further dilute to a final volume of 25 mL	40 mg/mL	<b>500 mg</b>	12.5 mL	PUSH over 5 mins
cefTRIAZONE <b>Intramuscular</b> (1 g)	1000 mg	50 mg/kg	Reconstitute 1 g vial with 2.3 mL Lidocaine 1%	350 mg/mL	<b>500 mg</b>	1.4 mL	<b>IM:</b> Max 1 mL per IM injection site

If final volume to administer less than 5 mL it is reasonable to dilute the dose up to a practical volume for the pump to infuse.

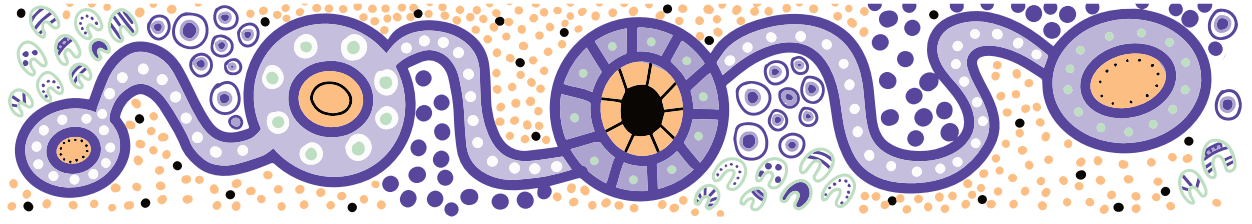
10kg

Antimicrobials	Vial concentration	Recommended dose/kg	Preparation		Dose	Dose in mL	Administration - 1st dose
			Dilution – Sodium Chloride 0.9%	Final concentration			
Ciprofloxacin (200 mg/100 mL)	2 mg/mL	10 mg/kg	Undiluted	2 mg/mL	<b>100 mg</b>	50 mL	Infuse over 60 mins
Clindamycin (600 mg/4 mL)	150 mg/mL	10 mg/kg	Dilute 4 mL (600 mg) to a final volume of 60 mL	10 mg/mL	<b>100 mg</b>	10 mL	Infuse over 30 mins
Flucloxacillin (1 g)	1000 mg	50 mg/kg	Reconstitute 1 g vial with 5 mL WFI - Withdraw entire volume and further dilute to a final volume of 20 mL	50 mg/mL	<b>500 mg</b>	10 mL	PUSH over 3 - 5 mins (phlebitis risk) OR Infuse over 30 mins
Gentamicin (80 mg/2 mL)	40 mg/mL	7.5 mg/kg	Dilute 2 mL (80 mg) to a final volume of 8 mL	10 mg/mL	<b>75 mg</b>	7.5 mL	Infuse over 30 mins
linCOMYCIN (600 mg/2 mL)	300 mg/mL	15 mg/kg	Dilute 2 mL (600 mg) to a final volume of 60 mL	10 mg/mL	<b>150 mg</b>	15 mL	Infuse over 60 mins
Meropenem (1 g)	1000 mg	40 mg/kg	Reconstitute 1 g vial with 5 mL WFI - Withdraw entire volume and further dilute to a final volume of 20 mL	50 mg/mL	<b>400 mg</b>	8 mL	PUSH over 5 mins
Metronidazole (500 mg/100 mL)	5 mg/mL	7.5 mg/kg	Undiluted	5 mg/mL	<b>75 mg</b>	15 mL	Infuse over 20 mins
Piperacillin/Tazobactam (4000 mg - 500 mg)	4000 mg Piperacillin + 500 mg Tazobactam	100 mg/kg	Reconstitute 4 g vial with 20 mL WFI - Withdraw entire volume and further dilute to a final volume of 50 mL	80 mg/mL	<b>1000 mg</b>	12.5 mL	Infuse over 30 mins. Dose based on Piperacillin component
Vancomycin (500 mg)	500 mg	15 mg/kg	Reconstitute 500 mg vial with 3 mL WFI - Withdraw entire volume and further dilute to a final volume of 100 mL	5 mg/mL	<b>150 mg</b>	30 mL	Infuse over 60 - 120 mins

If final volume to administer less than 5 mL it is reasonable to dilute the dose up to a practical volume for the pump to infuse.

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Drug	Vial concentration	Recommended dose/kg range	Preparation		Final rate range	Administration/route
			Glucose 5% or Sodium Chloride 0.9%	Final concentration		
<b>Inotropes</b>						
Adrenaline (Epinephrine)	1:1000; 1 mg/mL	<b>0.05 to 1 microg/kg/min</b>	Dilute <b>1 mL (1 mg)</b> to 50 mL	20 microg/mL	<b>1.5 to 30 mL/hr</b>	IV
Dobutamine	250 mg/20 mL	<b>2 to 20 microg/kg/min</b>	Dilute <b>6 mL (75 mg)</b> to 50 mL	1.5 mg/mL	<b>0.8 to 8 mL/hr</b>	IV
Noradrenaline (Norepinephrine)	4 mg/4 mL	<b>0.05 to 1 microg/kg/min</b>	Dilute <b>1 mL (1 mg)</b> to 50 mL	20 microg/mL	<b>1.5 to 30 mL/hr</b>	IV
<b>Antiarrhythmics - only in consultation with a Paediatric Cardiologist</b>						
AmiODAROne <u>LOAD</u>	50 mg/mL	<b>25 microg/kg/min</b> (for 4 hrs)	Dilute <b>2 mL (100 mg)</b> to 50 mL in Glucose 5%	2 mg/mL	Dose <b>60 mg (30 mL)</b> infuse at <b>7.5 mL/hr</b>	IV
AmiODAROne [after loading dose]	50 mg/mL	<b>5 to 15 microg/kg/min</b>	Dilute <b>2 mL (100 mg)</b> to 50 mL in Glucose 5%	2 mg/mL	<b>1.5 to 4.5 mL/hr</b>	IV
Esmolol	100 mg/10 mL	<b>50 to 200 microg/kg/min</b>	Undiluted – draw up 50 mL (500 mg)	10 mg/mL	<b>3 to 12 mL/hr</b>	IV
<b>Sedation</b>						
Fentanyl	100 microg/2 mL	<b>1 to 10 microg/kg/hr</b>	Dilute <b>10 mL (500 microg)</b> to 50 mL	10 microg/mL	<b>1 to 10 mL/hr</b>	IV
Ketamine	200 mg/2 mL	<b>5 to 20 microg/kg/min</b>	Dilute <b>2 mL (200 mg)</b> to 50 mL	4 mg/mL	<b>0.8 to 3 mL/hr</b>	IV
Midazolam	Various strengths	<b>30 to 120 microg/kg/hr</b>	Dilute <b>10 mg</b> to 50 mL	0.2 mg/mL	<b>1.5 to 6 mL/hr</b>	IV
Morphine	Various strengths	<b>5 to 80 microg/kg/hr</b>	Dilute <b>5 mg</b> to 50 mL	0.1 mg/mL	<b>0.5 to 8 mL/hr</b>	IV
<b>Diabetic Ketoacidosis</b>						
Insulin (neutral) ACTRAPID	300 units/3 mL	<b>0.05 to 0.1 units/kg/hr</b>	Dilute <b>0.5 mL (50 units)</b> to 50 mL with Sodium Chloride 0.9%	1 unit/mL	<b>0.5 to 1 mL/hr</b>	IV
<b>Asthma</b>						
Aminophylline [after loading dose]	250 mg/10 mL	<b>1 mg/kg/hr</b>	Dilute <b>10 mL (250 mg)</b> to 50 mL	5 mg/mL	<b>2 mL/hr</b>	IV
Salbutamol	5 mg/5 mL	<b>0.5 to 1 microg/kg/min</b>	Undiluted - draw up <b>50 mL (50 mg)</b>	1 mg/mL	<b>0.3 to 0.6 mL/hr</b>	IV
<b>Paralytic Agents – only on discussion with Paediatric Intensivist</b>						
Vecuronium	10 mg vial	<b>1 to 3 microg/kg/min</b>	Dilute <b>25 mL (50 mg)</b> to 50 mL	1 mg/mL	<b>0.6 to 1.8 mL/hr</b>	IV
<b>Electrolytes</b>						
<b>Hyperkalaemia</b> Glucose 10%	–	<b>5 mL/kg/hr</b>	Use a glucose 10% bag – Undiluted <i>Administer with Actrapid infusion</i>	10%	<b>50 mL/hr</b>	IV. Run insulin and glucose infusions (concurrently) until K+ within range monitor BSLs
<b>AND</b> ACTRAPID (Insulin neutral)	300 units/3 mL	<b>0.1 units/kg/hr</b>	Dilute <b>0.5 mL (50 units)</b> to 50 mL with Sodium Chloride 0.9% <i>Administer with Glucose infusion</i>	1 unit/mL	<b>1 mL/hr</b>	