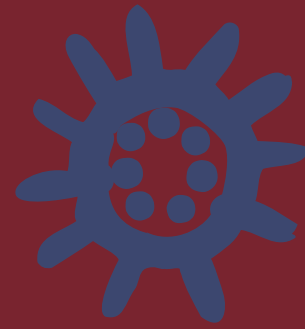
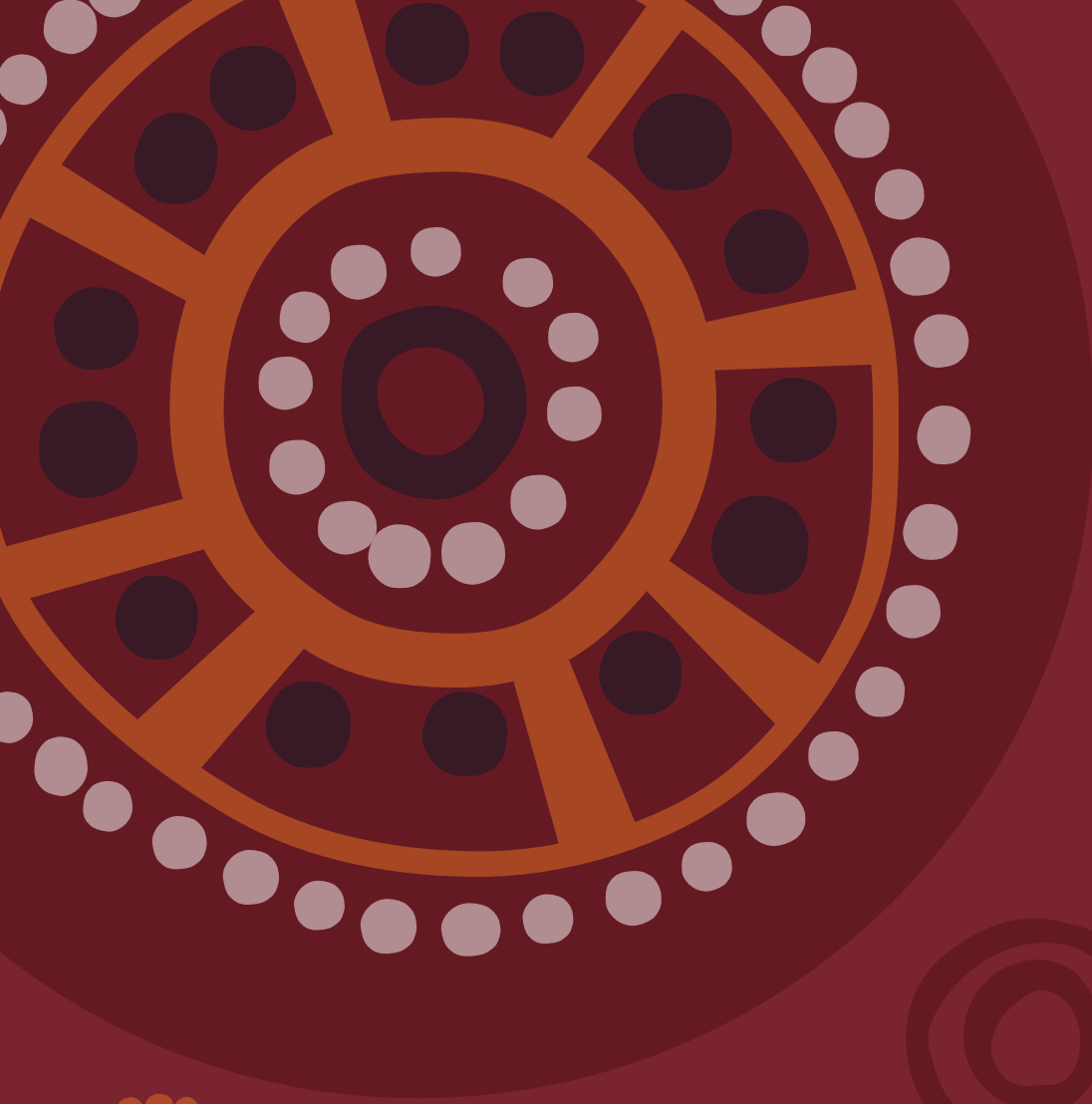
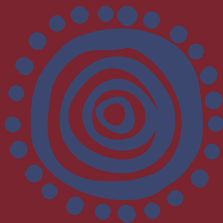




4 kg



4kg

4 kg

Intubation – prepare ONE size tube above and below recommended size			
ETT size – microcuff	3.5 mm	NG tube	6 Fr
Laryngoscope blade	0/1	ICC tube	8 - 12 Fr
ETT at lips – cm	9 cm	LMA	1
ETT at nose – cm	11 cm	IDC	6 Fr

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

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	40 microg	0.4 mL	Push
DC shock – VF/ pulseless VT		4 Joule/kg	Round up energy level to next highest setting on defibrillator		16 Joule		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	20 mg	2 mL	Push over 5 mins
Fluid Bolus		10 mL/kg	Sodium Chloride 0.9%			40 mL	Push
Fluid Bolus		20 mL/kg	Sodium Chloride 0.9%			80 mL	Push
Glucose 10%	100 mg/mL	2 mL/kg	Glucose 10%	100 mg/mL		8 mL	Push
Adenosine (6 mg/2 mL) – 1st dose	3 mg/mL	0.1 mg/kg	Undiluted	3 mg/mL	0.4 mg	0.13 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			0.8 mg	0.27 mL	
Adenosine (6 mg/2 mL) – 3rd dose	3 mg/mL	0.3 mg/kg			1.2 mg	0.4 mL	
Synchronised Cardioversion		1 Joule/kg	Round up energy level to next highest setting on defibrillator		4 Joule		Use infant or paediatric pads
		2 Joule/kg			8 Joule		
Atropine (600 microg/mL)	600 microg/mL	20 microg/kg	Dilute 1 mL (600 microg) to 6 mL	100 microg/mL	80 microg	0.8 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	4 microg	0.4 mL	Push
Metaraminol (Syringe 5 mg/10 mL)	500 microg/mL	10 microg/kg	Consider Adrenaline (Epinephrine) Push Dose Pressor	Consult	Consult	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	8 microg	0.8 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	4 mg	0.4 mL	Push over 60 secs
PropOFol (200 mg/20 mL)	10 mg/mL	2 - 3 mg/kg	Undiluted	10 mg/mL	8 mg	0.8 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	0.4 mg	0.4 mL	Push over 2 - 3 mins

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	4.8 mg	0.48 mL	Push
Suxamethonium (100 mg/2 mL)	50 mg/mL	2 mg/kg	Dilute 2 mL (100 mg) to 10 mL	10 mg/mL	8 mg	0.8 mL	Push
Vecuronium (10 mg)	10 mg	0.1 mg/kg	<i>Reconstitute vial with 10 mL WFI</i>	1 mg/mL	0.4 mg	0.4 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	64 mg	0.64 mL	Push
Flumazenil (500 microg/5 mL) Benzodiazepine reversal	100 microg/mL	5 microg/kg	Undiluted	100 microg/mL	20 microg	0.2 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	40 microg	0.1 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	5 mg	5 mL	Via nebuliser
Dexamethasone (4 mg/mL)	4 mg/mL	0.3 mg/kg	Undiluted	4 mg/mL	1.2 mg	0.3 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	Consult	Consult	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	16 mg	0.32 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	Consult	Consult	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	Consult	Consult	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	Consult	Consult	Load – Infuse over 30 mins

Neurology/seizures	Vial concentration	Recommended dose/kg	Dilution – Sodium Chloride 0.9%	Final concentration	Dose	Final volume	Administration
Midazolam – IV	Various strengths	0.15 mg/kg	Dilute to 1 mg/mL regardless of ampoule strength	1 mg/mL	0.6 mg	0.6 mL	Push
Midazolam – IM	5 mg/mL	0.2 mg/kg	Undiluted	5 mg/mL	0.8 mg	0.16 mL	IM
Midazolam – Buccal/Nasal	5 mg/mL	0.3 mg/kg	Undiluted	5 mg/mL	1.2 mg	0.24 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 2 mL (100 mg) to 10 mL	10 mg/mL	80 mg	8 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	80 mg	4 mL	Infuse over 20 mins
Levetiracetam (500 mg/5 mL)	100 mg/mL	60 mg/kg	Dilute 5 mL (500 mg) to 10 mL	50 mg/mL	240 mg	4.8 mL	Push over 5 mins
Mannitol 20%	0.2 g/mL	0.5 g (2.5 mL)/kg	Pre-mixed bag	0.2 g/mL	2 g	10 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	12 mL	12 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			
Hypokalaemia (↓ Potassium) 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	1.2 mmol	12 mL	Infuse over 1 hour
Hyperkalaemia (↑ Potassium) Calcium gluconate (2.2 mmol/10 mL)	0.22 mmol/mL	0.11 mmol/kg	Undiluted	0.22 mmol/mL	0.44 mmol	2 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	–	2.5 mg	–	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	4 mg	4 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)							
Hyperkalaemia (Cardiac arrest) Glucose 10%		5 mL/ kg	Use a Glucose 10% bag undiluted	10%	20 mL	20 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	0.4 units	0.4 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	4 mmol	8 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	1 g	4 mL	Oral, nasogastric or rectal
Hypocalcaemia – Critical (↓ calcium) Calcium gluconate (2.2 mmol/10 mL)	0.22 mmol/mL	0.11 mmol/kg	Undiluted	0.22 mmol/mL	0.44 mmol	2 mL	Large vein push over 3 - 5 mins DO NOT give with sodium bicarbonate
Hypomagnesaemia or Arrhythmia 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	0.8 mmol	4 mL	Pulse absent – Push over 3 - 5 mins Pulse present – 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			40 mL	40 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	60 mg	6 mL	Infuse over 10 mins

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

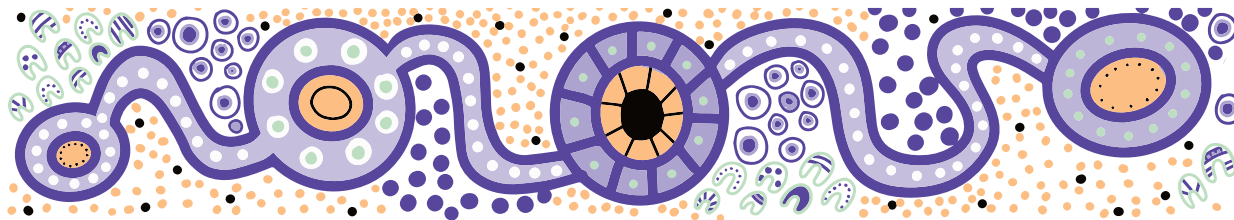
Analgesia	Vial concentration	Recommended dose/kg	Preparation		Dose	Final volume to administer	Administration
			Dilution – Sodium Chloride 0.9%	Final concentration			
Fentanyl – Nasal (100 microg/2 mL) Use Mucosal Atomiser Device (MAD)	50 microg/mL	1.5 microg /kg	Undiluted	50 microg/mL	6 microg	0.12 mL	Add 0.1 mL to initial dose to accommodate (MAD) dead space. May repeat after 5 - 10 mins
Fentanyl – IV (100 microg/2 mL)	50 microg/mL	0.5 - 1 microg/kg	Dilute 2 mL (100 microg) to 10 mL	10 microg/mL	2 microg	0.2 mL	Dose may be repeated after 5 mins if required
Morphine – IV (10 mg/mL)	10 mg/mL	0.05 - 0.1 mg/kg	Dilute 1 mL (10 mg) to 10 mL	1 mg/mL	0.2 mg	0.2 mL	Dose may be repeated after 5 mins if required

Analgesia if intraosseous IO drug or fluid administration causes pain	Vial concentration	Recommended dose/kg	Dilution – Sodium Chloride 0.9%	Final concentration	Dose	Final volume	Administration
Lidocaine 1% IO	10 mg/mL (1%)	0.5 mg/kg	Undiluted	10 mg/mL	2 mg	0.2 mL	Instill dose - Follow with 1 mL slow push of Sodium Chloride 0.9% over 1 - 2 minutes. Allow to dwell for 1 minute. 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	1 mg	0.1 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	Consult	Consult	Infuse over 5 - 10 mins

Queensland Paediatric Sepsis Program

Reducing the burden of sepsis on
Queensland Children and families
childrens.health.qld.gov.au/sepsis



4kg

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	80 mg	16 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	200 mg	4 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	200 mg	2 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	240 mg	4 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	200 mg	2 mL	PUSH over 3 - 5 mins. NEONATE - seek ID/specialist advice
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	200 mg	2 mL	PUSH over 3 - 5 mins
cefOTAXIME Intramuscular (1 g)	1000 mg	50 mg/kg	Reconstitute 1 g vial with 2.6 mL of WFI	330 mg/mL	200 mg	0.61 mL	IM: Max 0.5 mL per IM injection site
ceftAZIDIME (1 g)	1000 g	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	200 mg	2 mL	PUSH over 3 - 5 mins
cefTRIAXONE (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	200 mg	5 mL	PUSH over 5 mins. NEONATE - contraindicated (risk of kernicterus) USE cefOTAXIME
cefTRIAXONE Intramuscular (1 g)	1000 mg	50 mg/kg	Reconstitute 1 g vial with 2.3 mL Lidocaine 1%	350 mg/mL	200 mg	0.57 mL	IM: Max 0.5 mL per IM injection site. NEONATE - contraindicated (risk of kernicterus) USE cefOTAXIME

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.

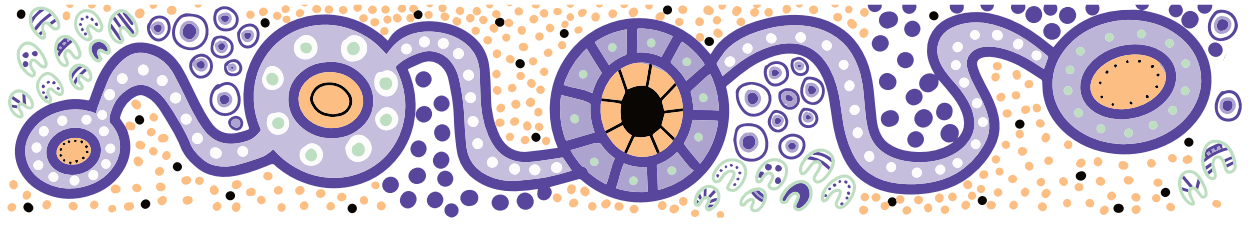
4kg

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	40 mg	20 mL	Infuse over 60 mins. NEONATE - seek ID/specialist advice
Clindamycin (600 mg/4 mL) - NEONATE	150 mg/mL	7 mg/kg	Dilute 4 mL (600 mg) to a final volume of 60 mL	10 mg/mL	28 mg	2.8 mL	Infuse over 30 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	40 mg	4 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	200 mg	4 mL	PUSH over 3 - 5 mins (phlebitis risk) OR Infuse over 30 mins
Gentamicin (80 mg/2 mL) - NEONATE	40 mg/mL	5 mg/kg	Dilute 2 mL (80 mg) to a final volume of 8 mL	10 mg/mL	20 mg	2 mL	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	30 mg	3 mL	Infuse over 30 mins
linCOMYCIN - NEONATE	No neonatal dosing recommendation for linCOMYCIN - use Clindamycin IV						
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	160 mg	3.2 mL	PUSH over 5 mins
Metronidazole (500 mg/100 mL) - NEONATE	5 mg/mL	15 mg/kg	Undiluted	5 mg/mL	60 mg	12 mL	NEONATAL LOADING DOSE - Infuse over 20 mins
Metronidazole (500 mg/100 mL)	5 mg/mL	7.5 mg/kg	Undiluted	5 mg/mL	30 mg	6 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	400 mg	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	60 mg	12 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.

Queensland Paediatric Sepsis Program

Reducing the burden of sepsis on
Queensland Children and families
childrens.health.qld.gov.au/sepsis



4kg

Infusions

4kg

Drug	Vial concentration	Recommended dose/kg range	Preparation		Final rate range	Administration/ route
			Glucose 5% or Sodium Chloride 0.9%	Final concentration		
Open Ductus Arteriosus						
Alprostadil (Prostaglandin/PGE1)	500 microg/mL	50 to 100 nanogram/kg/min	Dilute 0.2 mL (100 microg) to 50 mL	2 microg/mL (2000 nanogram/mL)	6 to 12 mL/hr	IV

Inotropes						
Adrenaline (Epinephrine)	1:1000; 1 mg/mL	0.05 to 1 microg/kg/min	Dilute 1 mL (1 mg) to 50 mL	20 microg/mL	0.6 to 12 mL/hr	IV
Dobutamine	250 mg/20 mL	2 to 20 microg/kg/min	Dilute 6 mL (75 mg) to 50 mL	1.5 mg/mL	0.3 to 3.2 mL/hr	IV
Dopamine	200 mg/5 mL	2 to 20 microg/kg/min	Dilute 1.5 mL (60 mg) to 50 mL	1.2 mg/mL	0.4 to 4 mL/hr	IV
Noradrenaline (Norepinephrine)	4 mg/4 mL	0.05 to 1 microg/kg/min	Dilute 1 mL (1 mg) to 50 mL	20 microg/mL	0.6 to 12 mL/hr	IV

Antiarrhythmics - only in consultation with a Paediatric Cardiologist						
AmiODAROne <u>LOAD</u>	50 mg/mL	25 microg/kg/min (for 4 hrs)	Dilute 2 mL (100 mg) to 50 mL in Glucose 5%	2 mg/mL	Dose 24 mg (12 mL) infuse at 3 mL/hr	IV
AmiODAROne [after loading dose]	50 mg/mL	5 to 15 microg/kg/min	Dilute 2 mL (100 mg) to 50 mL in Glucose 5%	2 mg/mL	0.6 to 1.8 mL/hr	IV
Esmolol	100 mg/10 mL	50 to 200 microg/kg/min	Undiluted – draw up 50 mL (500 mg)	10 mg/mL	1.2 to 4.8 mL/hr	IV

Sedation						
Fentanyl	100 microg/2 mL	1 to 10 microg/kg/hr	Dilute 10 mL (500 microg) to 50 mL	10 microg/mL	0.4 to 4 mL/hr	IV
Midazolam	Various strengths	30 to 120 microg/kg/hr	Dilute 10 mg to 50 mL	0.2 mg/mL	0.6 to 2.4 mL/hr	IV
Morphine	Various strengths	5 to 80 microg/kg/hr	Dilute 5 mg to 50 mL	0.1 mg/mL	0.2 to 3.2 mL/hr	IV

Paralytic Agents – only on discussion with Paediatric Intensivist						
Vecuronium	10 mg vial	1 to 3 microg/kg/min	Dilute 25 mL (50 mg) to 50 mL	1 mg/mL	0.2 to 0.7 mL/hr	IV

Electrolytes						
Hyperkalaemia Glucose 10%	–	5 mL/kg/hr	Use a glucose 10% bag – Undiluted <i>Administer with Actrapid infusion</i>	10%	20 mL/hr	IV. Run insulin and glucose infusions (concurrently) until K+ within range monitor BSLs
AND ACTRAPID (Insulin neutral)	300 units/3 mL	0.1 units/kg/hr	Dilute 0.5 mL (50 units) to 50 mL <i>with Sodium Chloride 0.9%</i> <i>Administer with Glucose infusion</i>	1 unit/mL	0.4 mL/hr	