



Practical Skills



Aim: Provide practical medication preparation experience using the CREDD

Key messages:

- Safe medication prescription and preparation
- Teamwork double checking
- Familiarity with drug infusion pump and drug library
- Highlight risks and embed local medication safety practices

Participants: Clinicians involved in the preparation of paediatric resuscitation medications.

Time: 30 – 45 minutes

Facilitation:

Introduce each case. Provide the opportunity to prepare medications in pairs, answering questions as they arise. Utilize demonstration pages as support.

Following each case identify and discuss challenges. Escalate using local quality improvement process.

Equipment:

Use in date medications only in the clinical space
Use an ampoule of sterile water as controlled medication
Simulated medications should can be used in training room only



Case 1

A 15 month old child weighing 12 kg with pneumonia and severe hypoxemia requires intubation

Medical Officer has ordered:

- Ketamine 12 mg (1 mg / kg)
- Rocuronium 14 mg (1.2mg / kg)

Use CREDD: Prepare Ketamine standard concentration mothership and dose

Use CREDD: Prepare Rocuronium standard concentration mothership and dose



Case 1: A 15 month old child weighing 12 kg with pneumonia and severe hypoxemia requires intubation.

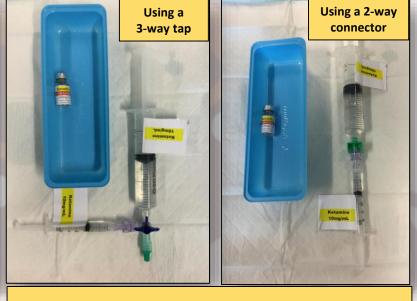
Medical Officer has ordered:

- Ketamine 12 mg (1 mg / kg)
- Rocuronium 14 mg (1.2 mg/kg)

Ketamine



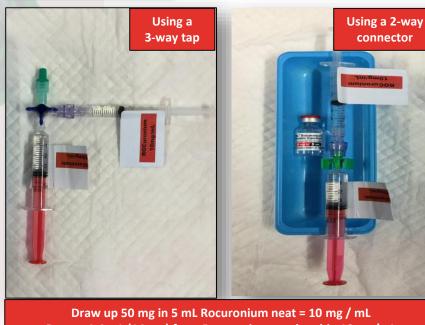
2 mL (200 mg) Ketamine / 18 mL NaCl-



Decant 1.2 mL (12 mg) from Ketamine mothership 10 mg/mL

Induction agents	Vial concentration	Recommended dose/kg	Dilution – Sodium Chloride 0.9%	Final concentration	Dose	Final volume	Administration
Ketamine (200 mg/2 mL)	100 mg/mL	1-2 mg/kg	Dilute 2 mL (200 mg) to 20 mL	10 mg/mL	12 mg	1.2 mL	Push over 60 secs

Rocuronium



Decant 1.4 mL (14 mg) from Rocuronium mothership 10 mg/mL

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	14.4 mg	1.4 mL	Push

Case 2:

A 15 month old child weighing 12 kg with pneumonia and severe hypoxemia requires intubation

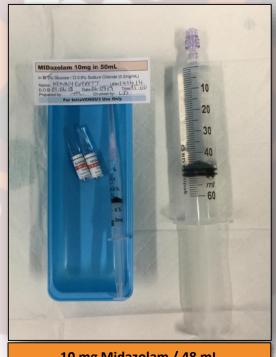
Prepare ongoing sedation and analgesia to be used post intubation

Use CREDD: Prepare Midazolam infusion – commence at 10 microg / Kg / hr

Use CREDD: Prepare Morphine infusion – commence at 30 microg / kg / hr



Midazolam



10 mg Midazolam / 48 mL 5% Dextrose or NaCl-

Case 2: A 15 month old child weighing 12 kg with pneumonia and severe hypoxemia requires post intubation sedation. Medical Officer has ordered:

- Midazolam infusion commence at 30microg / kg / hr
- Morphine infusion commence at 10 microg / kg / hr



Druc	Vial	Recommended	Preparation	Final rate rance	Administration/		
Drug	concentration	dose/kg range	5% glucose or Sodium Chloride 0.9%	Final concentration	Final rate range	route	
Sedation							
Midazolam	Various strengths	30 to 120 microg/kg/hr	Dilute <u>10 mg (10 mg)</u> to 50 mL	0.2 mg/mL	1.8 to 7.2 mL/hr	IV	
Morphine	Various strengths	5 to 80 microg/kg/hr	Dilute 5 mg (5 mg) to 50 mL	0.1 mg/mL	0.6 to 9.6 mL/hr	IV	



Using Smart Pump

- DERS

Midazolam



Yes



Case 2: A 15 month old child weighing 12 kg with pneumonia and severe hypoxemia requires post intubation sedation. Medical Officer has ordered:

- Midazolam infusion commence at 30microg / kg / hr
- Morphine infusion commence at 10 microg / kg / hr



Enter Dose / Double Check Select Start to commence

4	Drug	Vial concentration	Recommended dose/kg range	Preparation 5% glucose or Sodium Chloride 0.9%	Final concentration	Final rate range	Administration/ route
	Sedation						
	Midazolam	Various strengths	30 to 120 microg/kg/hr	Dilute 10 mg (10 mg) to 50 mL	0.2 mg/mL	1.8 to 7.2 mL/hr	IV
	Morphine	Various strengths	5 to 80 microg/kg/hr	Dilute 5 mg (5 mg) to 50 mL	0.1 mg/mL	0.6 to 9.6 mL/hr	IV



Using mL / hr

Midazolam







Case 2: A 15 month old child weighing 12 kg with pneumonia and severe hypoxemia requires post intubation sedation. Medical Officer has ordered:

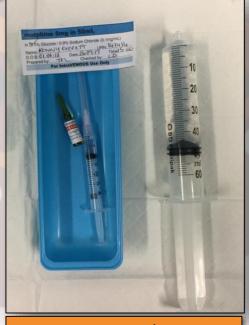
- Midazolam infusion commence at 30microg / kg / hr
- Morphine infusion commence at 10 microg / kg / hr



	-//					
Deur	Vial	Recommended	Preparation		Final rate range	Administration/
Drug	concentration	dose/kg range	5% glucose or Sodium Chloride 0.9%	Final concentration	rinat rate range	route
Sedation						
Midazolam	Various strengths	30 to 120 microg/kg/hr	Dilute 10 mg (10 mg) to 50 mL	0.2 mg/mL	1.8 to 7.2 mL/hr	IV
Morphine	Various strengths	5 to 80 microg/kg/hr	Dilute 5 mg (5 mg) to 50 mL	0.1 mg/mL	0.6 to 9.6 mL/hr	IV



Morphine



5 mg Morphine / 49 mL 5% Dextrose or NaCl-



5 mg Morphine in 50 mL = 0.1 mg / mL

Case 2: A 15 month old child weighing 12 kg with pneumonia and severe hypoxemia requires post intubation sedation. Medical Officer has ordered:

- Midazolam infusion commence at 30microg / kg / hr
- Morphine infusion commence at 10 microg / kg / hr

Drug	Vial	Recommended	Preparation		Final rate range	Administration/	
Diug	concentration	dose/kg range	5% glucose or Sodium Chloride 0.9% Final concentration		rillat late lange	route	
Sedation							
Midazolam	Various strengths	30 to 120 microg/kg/hr	Dilute <u>10 mg (10 mg)</u> to 50 mL	0.2 mg/mL	1.8 to 7.2 mL/hr	IV	12 kg
Morphine	Various strengths	5 to 80 microg/kg/hr	Dilute 5 mg (5 mg) to 50 mL	0.1 mg/mL	0.6 to 9.6 mL/hr	IV	12 1/5

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Morphine

Case 2: A 15 month old child weighing 12 kg with pneumonia and severe hypoxemia requires post intubation sedation. Medical Officer has ordered:

- Midazolam infusion commence at 30microg / kg / hr
- Morphine infusion commence at 10 microg / kg / hr







Vial Administration/ Drug Final rate range concentration dose/kg range 5% glucose or Sodium Chloride 0.9% Sedation Dilute 10 mg (10 mg) to 50 mL Midazolam Various strengths 30 to 120 microg/kg/hr 0.2 mg/mL 1.8 to 7.2 mL/hr Dilute 5 mg (5 mg) to 50 mL Morphine Various strengths 5 to 80 microg/kg/hr 0.1 mg/mL 0.6 to 9.6 mL/hr

The OPTIMUS

Using mL / hr

Morphine







Case 2: A 15 month old child weighing 12 kg with pneumonia and severe hypoxemia requires post intubation sedation. Medical Officer has ordered:

- Midazolam infusion commence at 30microg / kg / hr
- Morphine infusion commence at 10 microg / kg / hr



Drug	Viat	Recommended	Preparation	Cinal rate range	Administration/		
Drug	concentration	dose/kg range	5% glucose or Sodium Chloride 0.9%	Final concentration	Final rate range	route	
Sedation							
Midazolam	Various strengths	30 to 120 microg/kg/hr	Dilute 10 mg (10 mg) to 50 mL	0.2 mg/mL	1.8 to 7.2 mL/hr	IV	,
Morphine	Various strengths	5 to 80 microg/kg/hr	Dilute 5 mg (5 mg) to 50 mL	0.1 mg/mL	0.6 to 9.6 mL/hr	IV	



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Case 3:

A 3 year old child weighing 14 kg is in septic shock

Medical Officer orders:

- Push dose pressor Adrenaline 15 microgram
- In anticipation of this child arresting an arrest dose of Adrenaline is requested
- Adrenaline infusion

Use CREDD:

Prepare Adrenaline push dose pressor standard concentration mothership & dose Prepare Adrenaline 140 microgram – arrest dose Prepare Adrenaline infusion to commence at 0.05 microgram / Kg / min

Case 3: A 3 year old child weighing 14 kg is in septic shock

Medical Officer orders:

- push dose pressor adrenaline 15 microgram
- arrest dose Adrenaline 140 microgram

Adrenaline **Push Dose Pressor**



Decant
1 mL (100 microg) Adrenaline
from
1 mg Adrenaline (1:10 000)



Dilute to 10 mL with NaCl- = 10 microg / mL (1:100 000)

Decant

1.4 mL (14 microg) Adrenaline from Adrenaline mothership

Using 2-way

dispenser

	Vial	Recommended	Preparation			Final		•	
Resuscitation	Vial concentration	dose/kg	Dilution – Sodium Chloride 0.9%	Final concentration	Dose	volume to administer	Administration	200	Ad
Push dose pressors – Doses may be	e repeated if require	d						14kg	į
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	14 microg	1.4 mL	Push		

Adrenaline Arrest Dose





Decant 1.4 mL (140 microg) Adrenaline from Adrenaline 1mg (1:10 000)

	Vial concentration	Recommended dose/kg	Preparation		Final		
			Dilution – Sodium Chloride 0.9%	Final concentration	Dose	volume to administer	Administration
Adrenaline (Epinephrine) 1:10 000	100 microg/mL	10 microg/kg	Undiluted	100 microg/mL	140 microg	1.4 mL	Push

The OPTIMUS

Adrenaline Infusion

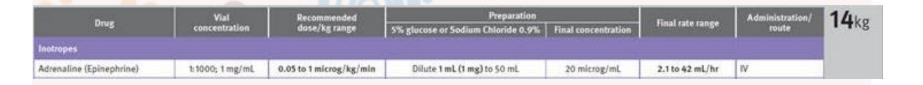


1 mg Adrenaline / 49 mL 5% Dextrose or NaCl-



Case 3: A 3 year old child weighing 14 kg is in septic shock Medical Officer orders:

- Adrenaline infusion to commence at 0.05 microgram / Kg / min





Using Smart Pump

- DERS

Adrenaline **Infusion**

BD Alaris™ PCU

Select Adrenaline

1 mg / 50 mL / Yes

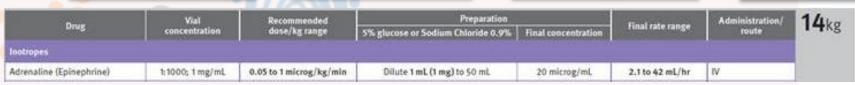
99

BD Alaris™ PCU linical Advisory: **Confirm Clinical Advisory** Message



Case 3: A 3 year old child weighing 14 kg is in septic shock Medical Officer orders: - Adrenaline infusion to commence at 0.05 microgram / Kg / min





The OPTIMUS

Using mL / hr

Adrenaline Infusion







Case 3: A 3 year old child weighing 14 kg is in septic shock
Medical Officer orders:
- Adrenaline infusion to commence at

Adrenaline infusion to commence at 0.05 microgram / Kg / min



Double Check
Select Start to commence

120000	Vial Recommended		Preparation	TAMES AND ADDRESS OF THE PARTY	Administration/	14kg	
Drug	concentration	dose/kg range	5% glucose or Sodium Chloride 0.9%	Final concentration	Final rate range	Administration/ route	TANK
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	2.1 to 42 mL/hr	IV	



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Case 4:

A 7 year old child, 22 Kg, with seizures Medical Officer has ordered:

- Midazolam 6.6 mg intranasal (0.3 mg / Kg)
- Midazolam 2.2 mg IV (0.1 mg / Kg)
- Phenytoin 440 mg (20 mg / Kg)
- Levetiracetam 880 mg (40 mg / Kg)

Use CREDD: Prepare Midazolam

- neat for Intranasal dose
- standard concentration mother ship and dose IV

Use CREDD: Prepare Phenytoin load

Use CREDD: Prepare Levetiracetam bolus dose

The OPTIMUS

Project

Midazolam
Intranasal /Buccal



1.3 mL (6.6 mg) Midazolam Neat

- use Nasal atomiser
- drip in cheek pocket Buccal

Midazolam IV



IV 1 mL (5 mg) Midazolam / 4 mL NaCl-



Decant 2.2 mL (2.2 mg) from Midazolam mothership 1 mg / mL



Neurology/seizures	Vial concentration	Recommended dose/kg	Dilution – Sodium Chloride 0.9%	Final concentration	Dose	Final volume	Administration
Midazolam – IV	Various strengths	0.1 mg/kg	Dilute to 1 mg/mL regardless of ampoule strength	1 mg/mL	2.2 mg	2.2 mL	Push
Midazolam – IM	5 mg/mL	0.2 mg/kg	Undiluted	5 mg/mL	4.4 mg	0.88 mL	IM
Midazolam – Buccal/Nasal	5 mg/mL	0.3 mg/kg	Undiluted	5 mg/mL	6.6 mg	1.3 mL	Drip dose into alternate nostrils or inside cheek

....

22kg



Case 4: A 7 year old child 22

Medical Officer has ordered:

- Midazolam 2.2 mg IV

- Midazolam 6.6 mg intranasal

Kg with seizures:

(0.3 mg/Kg)

 $(0.1 \,\mathrm{mg}\,/\,\mathrm{Kg})$

Phenytoin Load



10 mL (100 mg) Phenytoin / 40 mL NaCl-



10 mg Phenytoin / mL



44 mL (440 mg) Phenytoin 0.22 micron filter

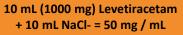
Case 4: A 7 year old child 22 Kg with seizures:

Medical Officer has ordered:

- Phenytoin 440 mg (20 mg / Kg)
- Levetiracetam 880 mg (40 mg / Kg)

Levetiracetam Push







Neurology/seizures	Vial concentration	Recommended dose/kg	Dilution – Sodium Chloride 0.9%	Final concentration	Dose	Finat volume	Administration	
Phenytoin (100 mg/2 mL) (250 mg/5 mL)	50 mg/mL	20 mg/kg	Dilute 10 mL (500 mg) to 50 mL	10 mg/mL	440 mg	44 mL	Infuse over 20 mins *use 0.22 micron filter*	
Levetiracetam (500 mg/5 mL)	100 mg/mL	40 mg/kg	Dilute 10 mL (1000 mg) to 20 mL	50 mg/mL	880 mg	17.6 mL	Push over 5 mins	2



Using Smart Pump

- DERS

Phenytoin Load



Select Phenytoin Load





Select volume to be infused

Double Check / Select Start to commence

Neurology/seizures	Vial concentration	Recommended dose/kg	Dilution – Sodium Chloride 0.9%	Final concentration	Dose	Final volume	Administration
Phenytoin (100 mg/2 mL) (250 mg/5 mL)	50 mg/mL	20 mg/kg	Dilute 10 mL (500 mg) to 50 mL	10 mg/mL	440 mg	44 mL	Infuse over 20 mins *use 0.22 micron filter*
Levetiracetam (500 mg/5 mL)	100 mg/mL	40 mg/kg	Dilute 10 mL (1000 mg) to 20 mL	50 mg/mL	880 mg	17.6 mL	Push over 5 mins

Case 4: A 7 year old child 22 Kg with seizures:

Medical Officer has ordered:

- Phenytoin 440 mg (20 mg / Kg)
- Levetiracetam 880 mg (40 mg / Kg)

Levetiracetam Push over 5 min

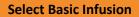


22kg

Using mL / hr $44 \, \text{mL} \, \text{x} \, 3 = 132 \, \text{mL} / \text{hr}$

> **Phenytoin** Load











BD Alaris™ PCU

A Infusion Setup

Case 4: A 7 year old child 22 Kg with seizures:

Medical Officer has ordered:

- Phenytoin 440 mg (20 mg / Kg)
- Levetiracetam 880 mg (40 mg / Kg)

Levetiracetam Push over 5 min



Neurology/seizures	Vial concentration	Recommended dose/kg	Dilution – Sodium Chloride 0.9%	Final concentration	Dose	Final volume	Administration
Phenytoin (100 mg/2 ml.) (250 mg/5 ml.)	50 mg/mL	20 mg/kg	Dilute 10 mL (500 mg) to 50 mL	10 mg/mL	440 mg	44 mL	Infuse over 20 mins *use 0.22 micron filter*
Levetiracetam (500 mg/5 mL)	100 mg/mL	40 mg/kg	Dilute 10 mL (1000 mg) to 20 mL	50 mg/mL	880 mg	17.6 mL	Push over 5 mins

Children's Resuscitation Emergency Drug Dosage CREDD Practical Skills



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