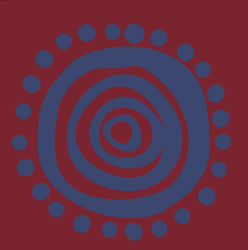


11 kg



11kg

# 11 kg

| Intubation – prepare ONE size tube above and below recommended size |        |          |            |
|---|--------|----------|------------|
| ETT size – mm – CUFFED  | 3.5 mm | NG tube  | 8 - 10 Fr  |
| ETT size – mm – UNCUFFED  | 4 mm   | ICC tube | 12 - 16 Fr |
| ETT at lips – cm  | 11 cm  | LMA      | 2          |
| ETT at nose – cm  | 13 cm  | IDC      | 8 - 10 Fr  |

| ANAPHYLAXIS                                  |         |              |
|--|---------|--------------|
| IM Adrenaline (Epinephrine) 1:1000 (1 mg/mL) |         |              |
| Dose   | Volume  | Autoinjector |
| 110 microg                                   | 0.11 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>110 microg</b> | 1.1 mL                     | Push  |
| DC shock – VF/ pulseless VT                                   |                    | 4 Joule/kg          | Round up energy level to next highest setting on defibrillator |                     | <b>44 Joule</b>   |                            | Use paediatric or adult 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>55 mg</b>      | 5.5 mL                     | Push over 5 mins  |
| Fluid Bolus   |                    | 10 mL/kg            | Sodium Chloride 0.9%   |                     |                   | 110 mL                     | Push  |
| Fluid Bolus   |                    | 20 mL/kg            | Sodium Chloride 0.9%   |                     |                   | 220 mL                     | Push  |
| Glucose 10%   | 100 mg/mL          | 2 mL/kg             | Glucose 10%  |                     | 100 mg/mL         | 22 mL                      | Push  |
| Adenosine (6 mg/2 mL) – 1st dose                              | 3 mg/mL            | 0.1 mg/kg           | Undiluted  | 3 mg/mL             | <b>1.1 mg</b>     | 0.37 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>2.2 mg</b>     | 0.73 mL                    |   |
| Adenosine (6 mg/2 mL) – 3rd dose                              | 3 mg/mL            | 0.3 mg/kg           |  |                     | <b>3.3 mg</b>     | 1.1 mL                     |   |
| Synchronised Cardioversion                                    |                    | 1 Joule/kg          | Round up energy level to next highest setting on defibrillator |                     | <b>11 Joule</b>   |                            | Use paediatric or adult pads  |
|   |                    | 2 Joule/kg          |  |                     | <b>22 Joule</b>   |                            |   |
| Atropine (600 microg/mL)                                      | 600 microg/mL      | 20 microg/kg        | Dilute 1 mL (600 microg) to 6 mL                               | 100 microg/mL       | <b>220 microg</b> | 2.2 mL                     | Push  |
| <b>Push dose pressors – Doses may be repeated if required</b> |                    |                     |  |                     |                   |                            |   |
| 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>11 microg</b>  | 1.1 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>22 microg</b> | 2.2 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>11 mg</b>     | 1.1 mL       | Push over 60 secs    |
| PropOFol (200 mg/20 mL)    | 10 mg/mL           | 2 - 3 mg/kg         | Undiluted  | 10 mg/mL            | <b>22 mg</b>     | 2.2 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>1.1 mg</b>    | 1.1 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>13.2 mg</b> | 1.3 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>22 mg</b>   | 2.2 mL       | Push           |
| Vecuronium (10 mg)          | 10 mg              | 0.1 mg/kg           | <i>Reconstitute vial with 10 mL WFI</i> | 1 mg/mL             | <b>1.1 mg</b>  | 1.1 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)<br>Rocuronium reversal         | 100 mg/mL          | 16 mg/kg            | Undiluted                       | 100 mg/mL           | <b>176 mg</b>     | 1.8 mL                     | Push   |
| Flumazenil (500 microg/5 mL)<br>Benzodiazepine reversal | 100 microg/mL      | 5 microg/kg         | Undiluted                       | 100 microg/mL       | <b>55 microg</b>  | 0.55 mL                    | Push – Every 60 secs<br>Max single dose 200 microg<br>Max total dose 2000 microg |
| Naloxone (400 microg/mL)<br>Opioid reversal             | 400 microg/mL      | 10 microg/kg        | Undiluted                       | 400 microg/mL       | <b>110 microg</b> | 0.28 mL                    | Push – Every 2 - 3 mins<br>May be given IM                                       |

| Respiratory                                       | Vial concentration | Recommended dose/kg | Dilution – Sodium Chloride 0.9%        | Final concentration | Dose            | Final volume | Administration                            |
|---|--------------------|---------------------|--|---------------------|-----------------|--------------|---|
| Nebulised Adrenaline (Epinephrine)<br>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>3.3 mg</b>   | 0.83 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>2.2 mmol</b> | 11 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>44 mg</b>    | 0.88 mL      | Push over 30 secs or IM                   |
| Methylprednisolone (40 mg/mL)<br>sodium succinate | 40 mg/mL           | 1 mg/kg             | Dilute 1 mL (40 mg) to 4 mL            | 10 mg/mL            | <b>11 mg</b>    | 1.1 mL       | Push over 5 mins<br>Sodium succinate ONLY |
| Salbutamol (5 mg/5 mL)                            | 1 mg/mL            | 0.1 mg/kg           | Dilute 5 mL (5 mg) to 50 mL            | 0.1 mg/mL           | <b>1.1 mg</b>   | 11 mL        | Load – Infuse over 20 mins                |
| AminOPHYLLine (250 mg/10 mL)                      | 25 mg/mL           | 5 mg/kg             | Dilute 10 mL (250 mg) to 50 mL         | 5 mg/mL             | <b>55 mg</b>    | 11 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>1.7 mg</b> | 1.7 mL       | Push  |
| Midazolam – <b>IM</b>  | 5 mg/mL            | 0.2 mg/kg           | Undiluted  | 5 mg/mL             | <b>2.2 mg</b> | 0.44 mL      | IM  |
| Midazolam – <b>Buccal/Nasal</b>  | 5 mg/mL            | 0.3 mg/kg           | Undiluted  | 5 mg/mL             | <b>3.3 mg</b> | 0.66 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>220 mg</b> | 22 mL        | Infuse over 20 mins<br>*use 0.22 micron filter*   |
| Phenobarbitone (Phenobarbital)<br>(200 mg/mL)                                | 200 mg/mL          | 20 mg/kg            | Dilute 2 mL (400 mg) to 20 mL                    | 20 mg/mL            | <b>220 mg</b> | 11 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>660 mg</b> | 13.2 mL      | Push over 5 mins                                  |
| Sodium Valproate (400 mg/4 mL)   | 100 mg/mL          | 40 mg/kg            | Dilute 8 mL (800 mg) to 20 mL                    | 40 mg/mL            | <b>440 mg</b> | 11 mL        | Infuse over 10 mins                               |
| Mannitol 20%   | 0.2 g/mL           | 0.5 g (2.5 mL)/kg   | Pre-mixed bag                                    | 0.2 g/mL            | <b>5.5 g</b>  | 28 mL        | Infuse over 10 mins<br>*use 5 micron filter*      |
| Sodium Chloride 3% – Hypertonic<br>*For raised ICP or hyponatremic seizures* | 0.5 mmol/mL        | 3 mL/kg             | Pre-mixed bag                                    | 0.5 mmol/mL         | <b>33 mL</b>  | 33 mL        | Infuse over 10 mins<br>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><br>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>3.3 mmol</b>  | 33 mL                      | Infuse over 1 hour   |
| <b>Hyperkalaemia (↑ Potassium)</b><br>Calcium gluconate (2.2 mmol/10 mL)                          | 0.22 mmol/mL   | 0.11 mmol/kg        | Undiluted                           | 0.22 mmol/mL        | <b>1.21 mmol</b> | 5.5 mL                     | Large vein push over 3 - 5 mins<br>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   |
| Frusemide (Furosemide) (20 mg/2 mL)   | 10 mg/mL   | 1 mg/kg             | Dilute 2 mL (20 mg) to 20 mL        | 1 mg/mL             | <b>11 mg</b>     | 11 mL                      | Push over 5 mins   |
| Glucose 10% (with insulin below)  | See Infusion guide for doses and administration directions |                     |                                     |                     |                  |                            |  |
| Insulin – Actrapid (300 units/3 mL)   |  |                     |                                     |                     |                  |                            |  |
| Sodium Bicarbonate 8.4%   | 1 mmol/mL  | 1 mmol/kg           | Undiluted                           | 1 mmol/mL           | <b>11 mmol</b>   | 11 mL                      | Large vein push over 5 mins<br>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>2.75 g</b>    | 11 mL                      | Oral, nasogastric or rectal  |
| <b>Hypocalcaemia – Critical (↓ calcium)</b><br>Calcium gluconate (2.2 mmol/10 mL)                 | 0.22 mmol/mL   | 0.11 mmol/kg        | Undiluted                           | 0.22 mmol/mL        | <b>1.21 mmol</b> | 5.5 mL                     | Large vein push over 3 - 5 mins<br>DO NOT give with sodium bicarbonate                   |
| <b>Hypomagnesaemia or Arrhythmia</b><br>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>2.2 mmol</b>  | 11 mL                      | <b>Pulse absent</b> – Push over 3 - 5 mins<br><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>110 mL</b> | 110 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>165 mg</b> | 16.5 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 | Dilution – Sodium Chloride 0.9%   | Final concentration | Dose               | Final volume | Administration   |
|--|--------------------|---------------------|-----------------------------------|---------------------|--------------------|--------------|--|
| Fentanyl – <b>Nasal</b> (100 microg/2 mL)<br>Use Mucosal Atomiser Device (MAD) | 50 microg/mL       | 1.5 microg /kg      | Undiluted                         | 50 microg/mL        | <b>16.5 microg</b> | 0.33 mL      | Add 0.1 mL to initial dose to accommodate (MAD) dead space<br>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>5.5 microg</b>  | 0.55 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>0.55 mg</b>     | 0.55 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 | Preparation | Final concentration | Dose          | Final volume to administer | Administration   |
|---|--------------------|---------------------|-------------|---------------------|---------------|----------------------------|--|
| Lignocaine (Lidocaine) 1% <b>IO</b>                                   | 10 mg/mL (1%)      | 0.5 mg/kg           | Undiluted   | 10 mg/mL            | <b>5.5 mg</b> | 0.55 mL                    | Instil 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 | Preparation                    | 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>2.8 mg</b> | 0.28 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>1.1 mg</b> | 2.2 mL       | Infuse over 5 - 10 mins   |

| Acute behavioural disturbance<br>Oral | Medication preparation        | Recommended dose  | Preparation   | Final concentration | Dose           | Final volume   | Administration  |
|---------------------------------------|-------------------------------|-------------------|---|---------------------|----------------|----------------|---|
| Diazepam                              | Liquid 1 mg/mL<br>5 mg tablet | 0.2 mg/kg         | If liquid unavailable dissolve 5 mg tablet in 5 mL of water             | 1 mg/mL             | <b>Consult</b> | <b>Consult</b> | If tablet preferred round dose to nearest half or full tablet |
| Lorazepam                             | 1 mg tablet                   | 0.5 - 1 mg        | Tablet may be dissolved in small volume of water                        |                     | <b>Consult</b> | <b>Consult</b> |   |
| Olanzapine                            | 2.5 - 5 mg wafer              | 2.5 - 5 mg        | Place wafer on top of tongue  |                     | <b>Consult</b> | <b>Consult</b> | Max daily dose not to exceed 20 mg                            |
| Risperidone                           | 1 mg/mL liquid or tablets     | 0.02 - 0.04 mg/kg | If liquid unavailable tablets may be dissolved to make 1 mg/mL solution | 1 mg/mL             | <b>Consult</b> | <b>Consult</b> | Dose has been rounded   |

| Acute behavioural disturbance<br>IM | Vial concentration | Recommended dose | Preparation                       | Final concentration | Dose           | Final volume   | Administration  |
|-------------------------------------|--------------------|------------------|-----------------------------------|---------------------|----------------|----------------|---|
| Droperidol                          | 2.5 mg/mL          | 0.1 - 0.2 mg/kg  | Undiluted                         | 2.5 mg/mL           | <b>Consult</b> | <b>Consult</b> | Max single dose not to exceed 10 mg. Total daily dose 0.4 mg/kg not to exceed 20 mg |
| Olanzapine                          | 10 mg/mL           | 2.5 - 5 mg       | Reconstitute vial with 2.1 mL WFI | 5 mg/mL             | <b>Consult</b> | <b>Consult</b> | Max single dose not to exceed 10 mg. Total daily dose 0.4 mg/kg not to exceed 20 mg |

| Reversal dystonia                                     | Vial concentration | Recommended dose/kg | Preparation | Final concentration | Dose           | Final volume   | Administration |
|---|--------------------|---------------------|-------------|---------------------|----------------|----------------|----------------|
| Benzotropine (Benzatropine) <b>IV or IM</b> 2 mg/2 mL | 1 mg/mL            | 0.02 mg/kg          | Undiluted   | 1 mg/mL             | <b>Consult</b> | <b>Consult</b> | IV or IM       |

| 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>1.7 to 33 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>0.9 to 8.8 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>1.7 to 33 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><br>(for 4 hrs) | Dilute <b>2 mL (100 mg)</b> to 50 mL in Glucose 5%   | 2 mg/mL             | Dose <b>66 mg (33 mL)</b><br>infuse at <b>8.3 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>1.7 to 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>3.3 to 13.2 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>1.1 to 11 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 3.3 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>1.7 to 6.6 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>0.6 to 8.8 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<br>with Sodium Chloride 0.9%  | 1 unit/mL           | <b>0.6 to 1.1 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>2.2 mL/hr</b>  | IV  |
| Salbutamol   | 5 mg/5 mL          | <b>1 to 2 microg/kg/min</b>            | Undiluted – draw up <b>50 mL (50 mg)</b>   | 1 mg/mL             | <b>0.7 to 1.3 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>0.7 to 2 mL/hr</b>                                   | IV  |
| <b>Electrolytes</b>  |                    |  |  |                     |   |   |
| <b>Hyperkalaemia</b><br>Glucose 10%  | –                  | <b>5 mL/kg/hr</b>                      | Use a glucose 10% bag – Undiluted<br><i>Administer with Actrapid infusion</i>                                    | 10%                 | <b>55 mL/hr</b>   | IV. Run insulin and glucose infusions (concurrently) until K+ within range monitor BSLs |
| <b>AND</b><br>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<br>with Sodium Chloride 0.9%<br><i>Administer with Glucose infusion</i> | 1 unit/mL           | <b>1.1 mL/hr</b>  |   |