EMERGENCY ACTION CHART

Pediatric Ingestion Antidotes Prior to administering, contact Tennessee Poison Control (800) 222-1222 DOSE DRUG COMMENTS N-acetylcysteine 150 mg/kg over 60 minutes (NAC) then 50 mg/kg infused over 4 hrs then 100mg/kg infused over 16 hrs \leq 5 y/o or \leq 20 kg give 0.1 Unknown opioid Narcan ingestion, clonidine mg/kg up to 2 mg > 5 y/o or > 20 kg give 2 mg ingestion, resp. If remains unresponsive with 2 mg, depression may give 10 mg < 20 kg: 0.01 mg/kg Flumazenil Benzodiazepine (Romazicon) over 15 seconds, may repeat every antagonist 1 minute up to 5 doses. Do not give to patients with a >20 kg: 0.2 mg over 15 seconds seizure history may repeat every 1 minute up to 5 doses.

Children: 0.05 mg/kg

Teens: 0.5-1 mg every 20 min.

Glucagon

DRUG

Ampicillin

Gentamicin

Ceftriaxone

(Rocephin)

Cefotaxime

(Claforan)

Cefazolin

(Ancef)

Vancomycin

Acyclovir

Pediatric Antibiotic Therapy

DOSE	COMMENTS
50–100 mg/kg/dose	≤ 7 days every 8 hours > 7 days every 6 hours
2.5 mg/kg/dose (maximum 100 mg)	≤ 14 days, every 12 hours > 14 days, every 8 hours
50–100 mg/kg/dose Not for use in <1 month of age	Every 12-24 hours
50-100 mg/kg/dose	≤ 7 days, every 12 hours 8-28 days, every 8 hours > 28 days, every 6 hours
20 mg/kg/dose	≤ 7 days every 12 hours > 7 days every 8 hours
15 mg/kg/dose	≤ 7 days, every 12 hours 8-28 days, every 8 hours > 28 days, every 6 hours

Parkland Burn Formula

Every 8 hours

Electrolyte Solution (Lactated Ringers):

Total Fluids = 4 ml x body wt (in kg) x % BSA of 2nd and 3rd degree burns.

20 mg/kg/dose

Administration Rate:

One half in first eight hours, one fourth in second eight hours, one fourth in third eight hours. Continue maintenance IVF when infusing replacement fluid. (Monitor urine output.)

Pediatric Pain and Sedation			
DRUG	DOSE	COMMENTS	
Morphine	0.1mg/kg IV/IM		
Fentanyl	1-2mcg/kg IV/IM, 1.5mcg/kg IN		
Ketamine	1-2mg/kg IV, 2-4mg/kg IM		
Versed	0.05-0.1mg/kg IV/IM, 0.3-0.5mg/kg IN		

Pediatric Resuscit

DRUG Adenosine

Amiodarone

Perfusing tachycardias: 5 mg/kg over 20-60 min. max 300 mg/dose

Atropine

Epinephrine

For hypotension in

beta blocker or

calcium channel

blocker overdose

Calcium Chloride

0.01 mg/kg or 0.1 cc/kg (1:10,000) followed by 3-5 ml NS flush Glucose (dextrose) D50W: 1-2 mL/kg

Hydrocortisone

3% Saline

Mannitol

Lidocaine

IV Volume Resuscitation

20 ml/kg NS or LR may repeat up to 60 mL/kg hyponatremic seizures

patients, use 10 ml/kg

vasoactive drips

5 Yrs.

5F

20 - 32

10 – 12

10 – 12

5.0

CHILD/ADULT

CHILD / ADULT

Inappropriate words

Nonspecific sounds

CHILD / ADULT

Follows commands

Withdraws to pain

Flexion response to pain

Localizes pain

Extension

Spontaneous To Speech To Pain

None

Oriented Confused

None

After 60 mL/kg, consider

DO NOT use glucose solutions

10 Yrs.

7F

28 - 38

14 – 18

14 – 18

6 - 6.5

CAUTION in Renal/Cardiac

		Tub	Tube Sizes		
	Neonate	6 Mos.	1-2 Yrs.	5	
CVL	3F	4F	5F		
Chest	12 – 18	14 – 20	14 – 24	20	
NG	5 – 8	8	10	10	
Foley	5 – 8	8	10	10	
ETT (mm)	3.0	3.5	4.0		
ETT SIZE = 0	(AGE + 16)	Depth of	ETT = 3x size of	ETT	
4		1			

Consider cuffed tube on all patients except neonates. *If using cuffed tube, use half size smaller.*

Pediatric Glasgow Coma Scale (GCS)

Eye Opening	
INFANTS	
Spontaneous	4
To Speech	3
To Pain	2
None	1
Best Verbal Response	
INFANTS	
Coos, babbles	5
Irritable, cries	4
Cries to pain	3
Moans to pain	2
None	1
Best Motor Response	
INFANTS	
Normal, spontaneous movements	6
Withdraws to touch	5
Withdraws to pain	4
Abnormal flexion	3
Abnormal extension	2

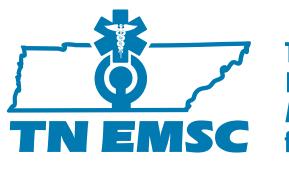
Every effort has been made to provide information that is accurate and in accordance with good medical practice. It is the responsibility of the attending physician to evaluate the appropriateness of a particular opinion in the context of the clinical situation and give consideration to your knowledge, skill, new medical developments and FDA regulations.

ediatric Resuscitat	COMMENTS	DRUG	Pediatric Intub	COMMENTS
1st dose: 0.1 mg/kg (max 6 mg/dose) 2nd dose: 0.2 mg/kg/dose (max 12 mg/dose)	Rapid IV bolus over 1–2 seconds	ADJUNCT DRUG Atropine		Use in patients < 8 years old Min. dose: 0.1 mg Max. dose:
Refractory pulseless VT/VF: 5 mg/kg rapid IV/IO Perfusing tachycardias: 5 mg/kg over 20-60 min. max 300 mg/dose	Can repeat x2 (max 150 mg/dose for repeat doses Causes hypotension For perfusing tachycardia, dilute to 2 mg/mL	Lidocaine	1.5 mg/kg	0.5 mg – child 1 mg – adolescent Give 3 minutes prior to intubation in head injured patients to prevent laryngospasm and ICP
0.02 mg/kg IV	Min. dose: 0.1 mg Max. single dose: 0.5 mg – child 1 mg – adolescent	SEDATIVES Midazolam (Versed)	0.1 mg /kg (max 5 mg/dos	e)
20 mg/kg IV Rapid IV push in arrest	For documented hyperkalemia, hypocalcemia or calcium	Ketamine	2 mg/kg	Drug of choice for status asthmaticus and sepsis with hypotension
0.01 mg/kg or 0.1 cc/kg	channel blocker overdose, Give slowly and dilute 1:1 CaCl with NS. Bradycardia / Asystole /	Etomidate	0.3–0.6 mg/kg	For head injured hemodynamically unstable patients. May cause adrenal suppression.
(1:10,000) followed by 3-5 ml NS flush D50W: 1-2 mL/kg D25W 2-4 mL/kg D10W 2-4 mL/kg	Pulseless arrest >8 yrs 6 months–8 yrs neonate-6 mo max rate 2 mL/kg/min	PARALYTICS Succinylcholine	1-2 mg/kg	Contraindicated in patients with neuromuscular disease, glaucoma, eye injuries, severe burns or crush injuries. May increase BP.
1–2 mg/kg dose IV dilute to 50mg/mL	Slow IVP over 3-5 min	Rocuronium (Zemuron)	1 mg/kg	
1%: 1 mg/kg max dose 3 mg/kg or 100 mg given over 5 min	Continuous infusion: 20-50 mcg/kg/min IV	Vecuronium (Norcuron)	0.1 - 0.3 mg/kg	Good for long term paralysis
0.5-1g/kg IV push over 5-10 min.	Use in-line filter and insert foley catheter			
3-5 ml/kg infused over 5-30 min.	For increased ICP and			

Pediatr	ric Septic Shock /	Algorithm
0 minutes 5 minutes	Recognize decreased mental status a Maintain airway and establish access	-
	Push 20-40 ml/kg isotonic saline or 6 60-80 ml/kg. Correct hypoglycemia a	-
15 minutes		
Fluid Responsive	Fluid Refactory Shock	
Observe in PCCU	Establish central venous and arterial Epinephrine therapy, arterial and Sc cardiac output. RSI intubate and obta	V02 monitoring or noninvasive
	Fluid Refactory-Dopamine Resistant	tShock
	Intubate and ventilate if not done. Ti norepinephrine for warm shock.	trate epinephrine for cold shoch
60 minutes	Catecholamine-Resistant Shock ——	
	At risk of adrenal insufficiency?	Not at risk?
	Give hydrocortisone	Do not give hydrocortisone
Normal BP Cold Shock SVC 02 sat <70%	Low BP Cold Shock SVC 02 sat <70%	Low BP Warm Shock
Add vasodilator or Type III PDE nhibitor with volume loading	Titrate volume and epinephrine	Titrate volume and norepinephrine

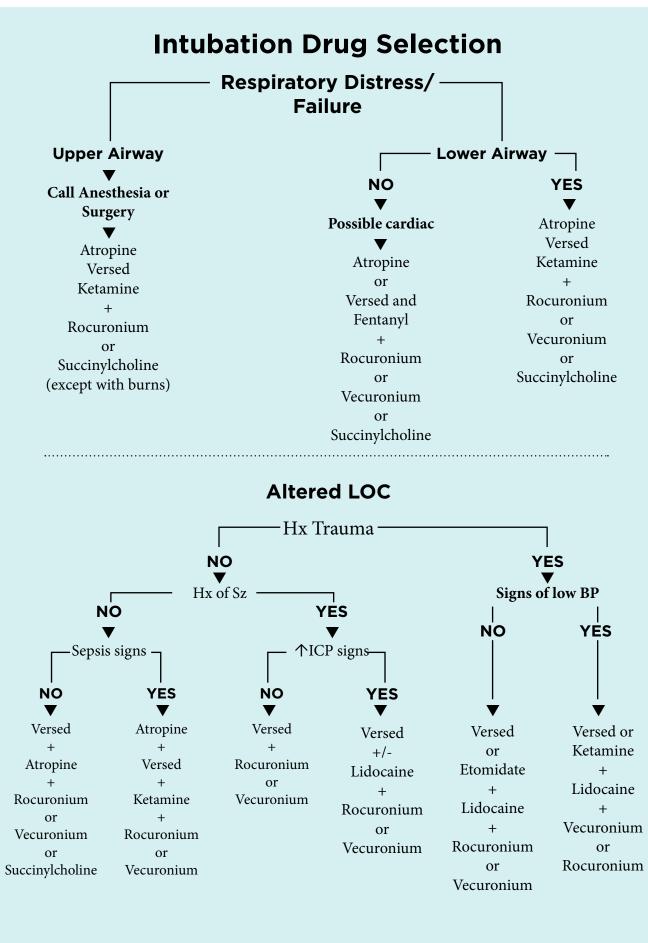
Pediatric Septic Shock Antibiotics

These antibiotics should be considered in patients with septic shock. For previously healthy children: Cetriaxone and vancomycin For toxic shock syndrome: add clindamycin For intra-abdominal infections: zosyn and vancomycin For oncology patients: Vancomycin and meropenem For patients with Central Venous Line: **Ceftriaxone** and **vancomycin** For patients with a clinical suspicion of RMSF or Ehrlichiosis, consider doxycyline



Emergency Medical Services for Children

www.tnemsc.org



After airway is secure, sedate with Versed and Vecuronium

Pediatric Status Epilepticus

Lorazepam IV, Midazolam IV/IM/IN/buccal, or Diazepam. May repeat once.

Fosphenytoin given over 15 minutes

Keppra over 5 minutes or Phenobarbital over 30 minutes.

Pediatric Status Epilepticus Drugs DRUG COMMENTS DOSE

Lorazepam (Ativan)	0.1 mg/kg SLOW IV	Max. single dose 4 mg Monitor for resp. depression
Midazolam (Versed)	0.15 mg SLOW IV, IM or 0.3 mg/kg, IN buccal	Monitor for resp. depression
Fosphenytoin	20 mg PE/kg	Infuse at a max of 150 mg PE/min
Levetiracetam (Keppra IV)	20-40 mg/kg, max 2g	Give over 5 min.
Phenytoin (Dilantin)	15-20 mg/kg	Infuse ≤31 days old: 0.5 mg/kg/min >1 month: 1 mg/kg/min (max: 50 mg/min) Monitor for hypotension, cardiorespiratory depression
Phenobarbital	15-20 mg/kg	Infuse at a max of 30 mg/min Monitor for resp. depression and hypotension
Diazepam (Valium)	0.2 mg/kg SLOW IV, IM	Max. total dose 5 mg< 5 years Max. total dose 10 mg > 5 years Monitor for resp. depression IV should not be used in neonates







Transfer Center: (888) 899-9355 or (901) 522-9999



Pediatric Status Asthmaticus Drugs

DRUG Albuterol neb

Epinephrine 1:1,000

Ipratropium Bromide (Atrovent) neb 500 mcg/2.5 ml

Magnesium Sulfate

Solumedrol (Methylprednisolone) Terbutaline SQ 1 mg/ml

Terbutaline Infusion 1 mg/ml

Epinephrine 1:1,000

DOSE 2.5 mg/dose q 20 min Continuous 25 mg/hour diluted

<20 kg = 2 mg in 5 ml NS>20 kg = 3 mg in 5 ml NS

0.5 mg Give in conjunction with Albuterol for first 3 aerosols. May continue every 4 hours

50–75 mg/kg IV/IO over 10-20 minutes Max. dose: 4 gm

0.01 mg/kg/dose (max dose 0.4 mg/dose); can repeat q20 min x 3 doses

10 mcg/kg IV over 10 min followed immediately by 0.4 mcg/kg/min IV Increase by 0.2 mcg/kg/min (to 3-6 mcg/kg/min max dose)

SQ/IM 0.01 mg/kg to a max of 0.3 mg

Respiratory Distress Score (RDS)							
sthma Severity RDS	Normal 0 – 4	Mild 5 – 7	Moderate 8 – 11	Severe 12 – 15			
Scoring Factors espiratory Rate	0	1	2	3			
2-3 years	18-26	27-34	35-39	>40			
4-5 years	16-24	25-30	31-35	>36			
6-12 years	14-20	21-26	27-30	>31			
>12 years	12-18	19-23	24-27	>28			
xygen Saturation (SpO2)	>98% on room air	95% to 97% on room air	90% to 94% on room air	<90% on room air or on any oxygen			
Auscultation	Normal breath sounds with good aeration throughout	End expiratory wheezing only	Expiratory wheezing	Inspiratory and expiratory wheezing to diminished breath sounds			
Retractions	None	Intercostal	Intercostal & substernal	Intercostal, substernal and supraclavicular			
Dyspnea	Speaks in complete sentences	Speaks in short sentencese, coos and babbles	Speaks in partial sen- tences, short cry	Speaks in single words. Short phrases/ grunting			



