

# EMERGENCY ACTION CHART

## Pediatric Ingestion Antidotes

Prior to administering, contact Tennessee Poison Control (800) 222-1222

DRUG	DOSE	COMMENTS
N-acetylcysteine (NAC)	150 mg/kg over 60 minutes then 50 mg/kg infused over 4 hrs then 100mg/kg infused over 16 hrs	
Narcan	≤ 5 y/o or ≤ 20 kg give 0.1 mg/kg up to 2 mg > 5 y/o or > 20 kg give 2 mg If remains unresponsive with 2 mg, may give 10 mg	Unknown opioid ingestion, clonidine ingestion, resp. depression
Flumazenil (Romazicon)	< 20 kg: 0.01 mg/kg over 15 seconds, may repeat every 1 minute up to 5 doses. >20 kg: 0.2 mg over 15 seconds may repeat every 1 minute up to 5 doses.	Benzodiazepine antagonist Do not give to patients with a seizure history
Glucagon	Children: 0.05 mg/kg Teens: 0.5-1 mg every 20 min.	For hypotension in beta blocker or calcium channel blocker overdose

## Pediatric Resuscitation Drugs

DRUG	DOSE	COMMENTS
Adenosine	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
Amiodarone	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 rapid IV) Causes hypotension For perfusing tachycardia, dilute to 2 mg/mL
Atropine	0.02 mg/kg IV	Min. dose: 0.1 mg Max. single dose: 0.5 mg - child 1 mg - adolescent
Calcium Chloride	20 mg/kg IV Rapid IV push in arrest	For documented hyperkalemia, hypocalcemia or calcium channel blocker overdose. Give slowly and dilute 1:1 CaCl with NS.
Epinephrine	0.01 mg/kg or 0.1 cc/kg (1:10,000) followed by 3-5 ml NS flush	Bradycardia / Asystole / Pulseless arrest
Glucose (dextrose)	D50W: 1-2 mL/kg D25W 2-4 mL/kg D10W 2-4 mL/kg	>8 yrs 6 months-8 yrs neonate-6 mo max rate 2 mL/kg/min
Hydrocortisone	1-2 mg/kg dose IV dilute to 50mg/mL	Slow IVP over 3-5 min
Lidocaine	1%: 1 mg/kg max dose 3 mg/kg or 100 mg given over 5 min	Continuous infusion: 20-50 mcg/kg/min IV
Mannitol	0.5-1g/kg IV push over 5-10 min.	Use in-line filter and insert foley catheter
3% Saline	3-5 mL/kg infused over 5-30 min.	For increased ICP and hyponatremic seizures
IV Volume Resuscitation	20 mL/kg NS or LR may repeat up to 60 mL/kg	After 60 mL/kg, consider vasoactive drips DO NOT use glucose solutions CAUTION in Renal/Cardiac patients, use 10 mL/kg

## Tube Sizes

	Neonate	6 Mos.	1-2 Yrs.	5 Yrs.	10 Yrs.
CVL	3F	4F	5F	5F	7F
Chest	12 - 18	14 - 20	14 - 24	20 - 32	28 - 38
NG	5 - 8	8	10	10 - 12	14 - 18
Foley	5 - 8	8	10	10 - 12	14 - 18
ETT (mm)	3.0	3.5	4.0	5.0	6 - 6.5

ETT SIZE = (AGE + 16) / 4  
Depth of ETT = 3x size of ETT

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

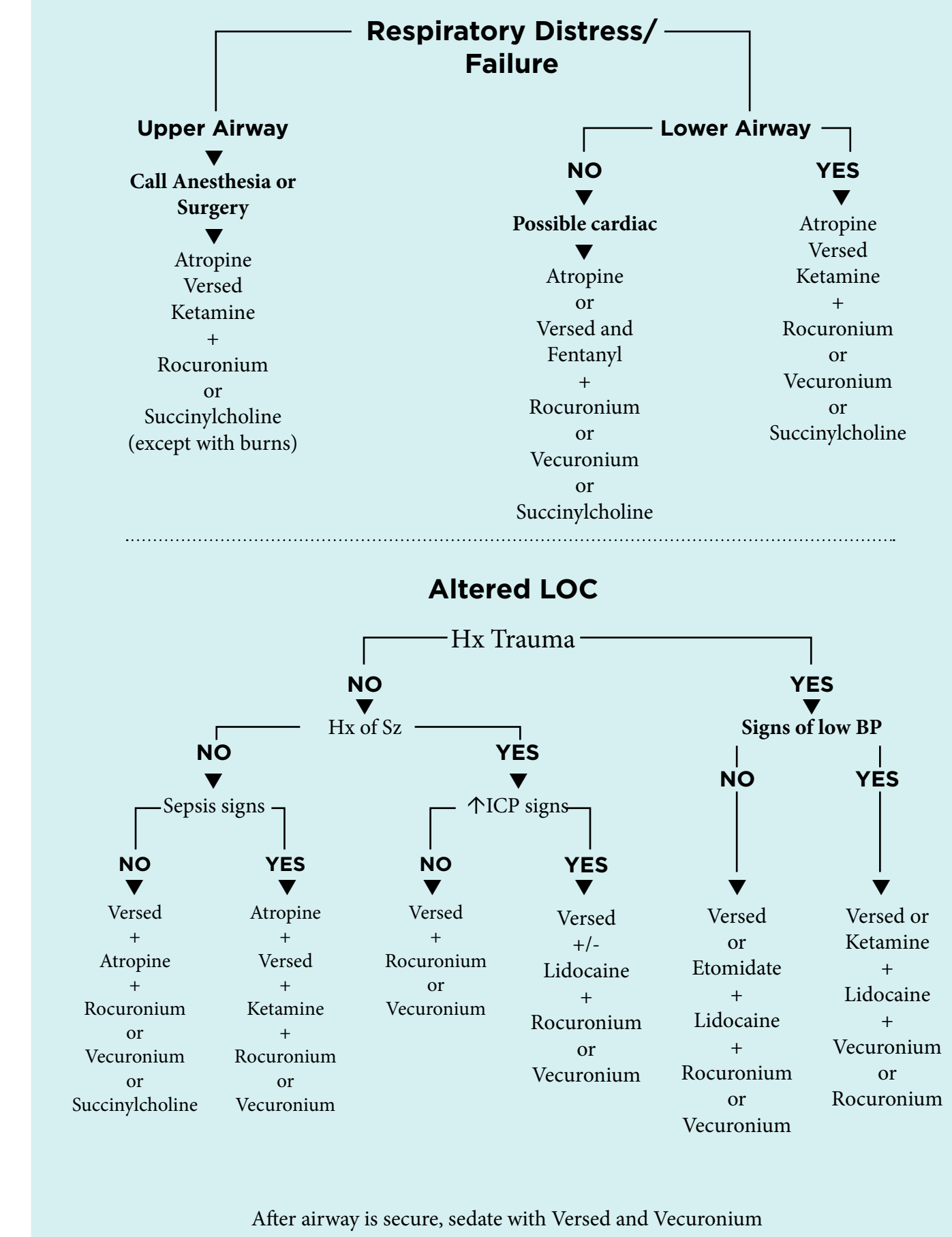
## Pediatric Glasgow Coma Scale (GCS)

Eye Opening	INFANTS	CHILD/ADULT
Spontaneous	4	Spontaneous
To Speech	3	To Speech
To Pain	2	To Pain
None	1	None
Best Verbal Response	INFANTS	CHILD / ADULT
Coos, babbles	5	Oriented
Irritable, cries	4	Confused
Cries to pain	3	Inappropriate words
Moans to pain	2	Nonspecific sounds
None	1	None
Best Motor Response	INFANTS	CHILD / ADULT
Normal, spontaneous movements	6	Follows commands
Withdraws to touch	5	Localizes pain
Withdraws to pain	4	Withdraws to pain
Abnormal flexion	3	Flexion response to pain
Abnormal extension	2	Extension

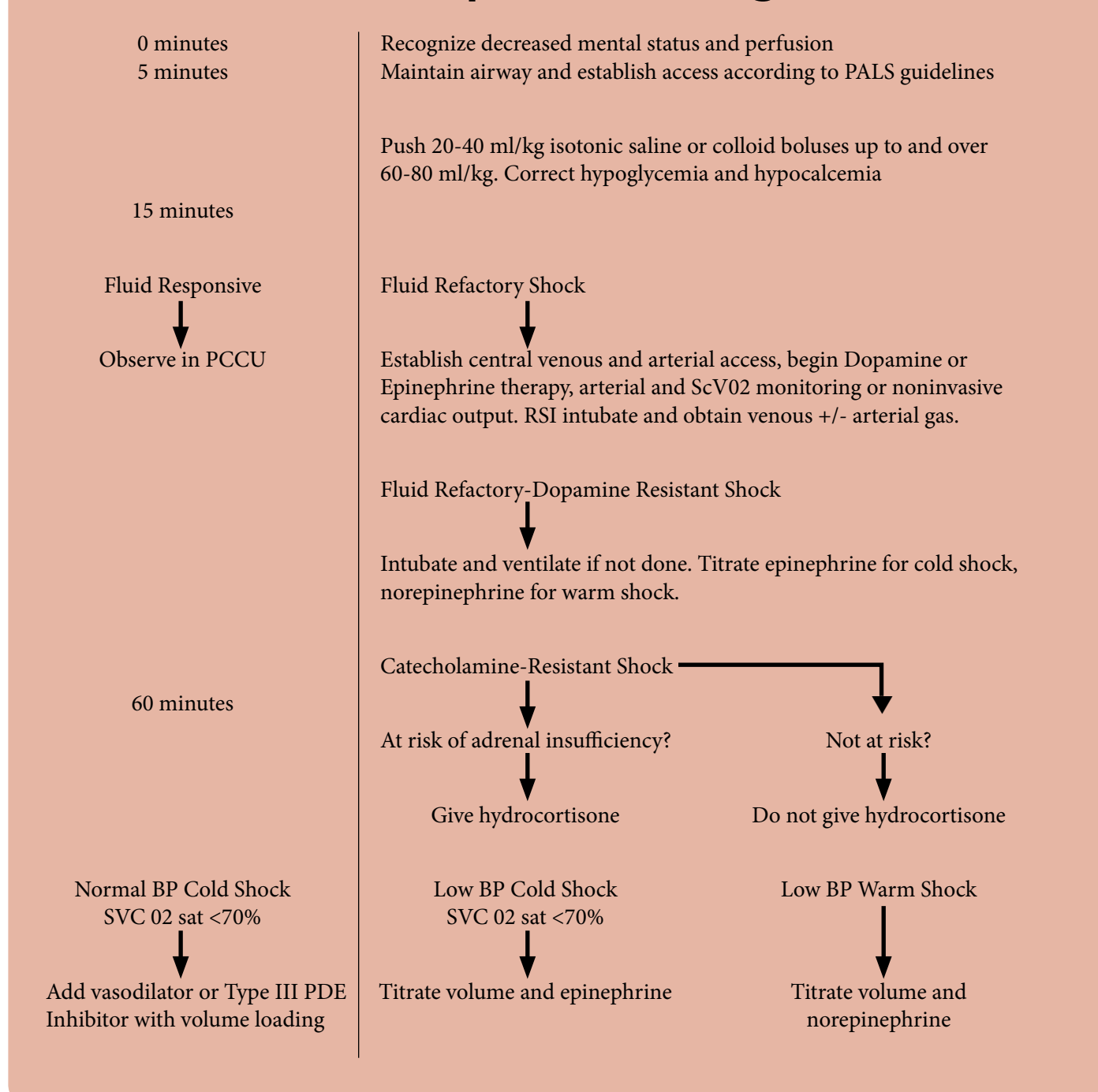
## Pediatric Intubation Drugs

DRUG	DOSE	COMMENTS
<b>ADJUNCT DRUGS</b>		
Atropine	0.02 mg/kg	Use in patients < 8 years old Min. dose: 0.1 mg Max. dose: 0.5 mg - child 1 mg - adolescent
Lidocaine	1.5 mg/kg	Give 3 minutes prior to intubation in head injured patients to prevent laryngospasm and ICP
<b>SEDATIVES</b>		
Midazolam (Versed)	0.1 mg/kg (max 5 mg/dose)	
Ketamine	2 mg/kg	Drug of choice for status asthmaticus and sepsis with hypotension
Etomidate	0.3-0.6 mg/kg	For head injured hemodynamically unstable patients. May cause adrenal suppression.
<b>PARALYTICS</b>		
Succinylcholine	1-2 mg/kg	Contraindicated in patients with neuromuscular disease, glaucoma, eye injuries, severe burns or crush injuries. May increase BP.
Rocuronium (Zemuron)	1 mg/kg	
Vecuronium (Norcuron)	0.1 - 0.3 mg/kg	Good for long term paralysis

## Intubation Drug Selection



## Pediatric Septic Shock Algorithm



## Pediatric Septic Shock Antibiotics

These antibiotics should be considered in patients with septic shock.

For previously healthy children: **Ceftriaxone** and **vancomycin**

For toxic shock syndrome: add **clindamycin**

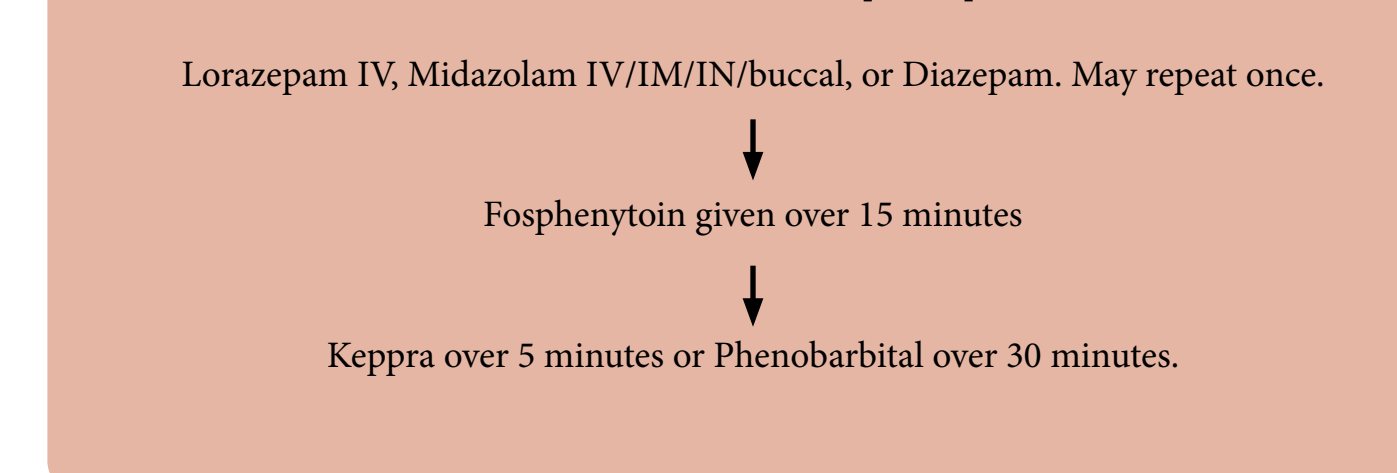
For intra-abdominal infections: **zosyn** and **vancomycin**

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 **doxycycline**

## Pediatric Status Epilepticus



## Pediatric Status Epilepticus Drugs

DRUG	DOSE	COMMENTS
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



Access Center:  
(615) 936-4444 or (866) 936-7811



Access Number:  
(865) 541-8133 or (800) 773-0129



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



Access Number:  
(423) 778-8100 or (877) 849-8337

## Pediatric Status Asthmaticus Drugs

DRUG	DOSE
Albuterol neb	2.5 mg/dose q 20 min Continuous 25 mg/hour diluted
Epinephrine 1:1,000 neb	<20 kg = 2 mg in 5 ml NS >20 kg = 3 mg in 5 ml NS
Ipratropium Bromide (Atrovent) neb	0.5 mg Give in conjunction with Albuterol for first 3 aerosols. May continue every 4 hours
Magnesium Sulfate	50-75 mg/kg IV/IO over 10-20 minutes Max. dose: 4 gm
Solomedrol (Methylprednisolone)	1-2 mg/kg IV, 120 mg max
Terbutaline SQ	0.01 mg/kg/dose (max dose 0.4 mg/dose); can repeat q20 min x 3 doses
Terbutaline Infusion	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)
Epinephrine 1:1,000	SQ/IM 0.01 mg/kg to a max of 0.3 mg

## Respiratory Distress Scores

Asthma Severity	Respiratory Distress Score (RDS)			
	Normal	Mild	Moderate	Severe
RDS Scoring Factors	0 - 4	5 - 7	8 - 11	12 - 15
Respiratory Rate	<30	<36	>36	>36
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
Oxygen 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 & subternal	Intercostal, subternal and supraclavicular
Dyspnea	Speaks in complete sentences	Speaks in short sentences, coos and babbles	Speaks in partial sentences, short cry	Speaks in single words. Short phrases/grunting