

Acetaminophen:

General dosing: 10-15 mg/kg X 4-6

Ibuprofen:

5-10 mg/kg X 3-4; not to exceed 40 mg/kg/day

Diclofenac sodium:

Child 6 months–17 years:

< 12 kg: 12.5 mg X 2 by rectum for maximum 4 days

> 12 kg and above: 1 mg/kg X 3 (max. per dose 50 mg) for maximum 4 days

Tramadol:

Moderate to severe pain: 50–100 mg IV, IM X4-6, iv to be given over 2–3 minutes, maximum 600 mg per day

- contraindicated for children less than 12 years.
- (contraindicated in uncontrolled epilepsy)

Pethidine: PO/IM/SC

• 1-1.8 mg/kg every 3-4 hours as needed, individual dose not to exceed 100 mg

Renal impairment: Contraindicated.

Contraindicated in:

- Significant respiratory depression.
- Acute or severe bronchial asthma in an unmonitored setting or in absence of resuscitative equipment.
- Known or suspected gastrointestinal obstruction, including paralytic ileus.
- Within 2 weeks of monoamine oxidase inhibitor (MAOI)

Morphine: IV, IM, SC, PO, suppository

Pain:

- Continuous infusion: 0.025-2.6 mg/kg/hr IV; average, 0.06 mg/kg/hr
- Neonates : 0.01-0.02 mg/kg/hr by IV infusion
- Postoperative pain: 0.01-0.04 mg/kg/hr by IV infusion
- Sickle-cell disease, cancer: 0.04-0.07 mg/kg/hr by IV infusion

Notes:

- May cause constipation; consider preventive measures (eg, stool softener, increased fiber) to reduce potential for constipation, especially in patients with unstable angina and patients with myocardial infarction

- Use with caution in patients with biliary tract dysfunction, including acute pancreatitis; use may cause constriction of sphincter of Oddi diminishing biliary and pancreatic secretion

- Therapy may cause severe hypotension including orthostatic hypotension and syncope in ambulatory patients

Ondansetron (Devomit): oral, IV, IM IV:

0.1 mg/kg to be given over at least 30 seconds, max per dose 4 mg, max per day 32 mg.

Gastroenteritis (orally):

8-15kg: 2 mg dissolved orally as a single dose.

15-30 kg: 4 mg dissolved orally as a single dose.

More than 30 kg: 8 mg dissolved orally as a single dose.

Severe hepatic impairment: not to exceed 8 mg/day

Metoclopramide (Plasil):

oral, IV, IM Dose: 0.1-0.15 mg/kg X3 IV over 3 minutes

- contra-indicated in children aged under 1 year.
- only be prescribed for short term use (up to 5 days).

Contraindications:

- When stimulation of gastrointestinal motility might be dangerous (e.g., in the presence of gastrointestinal hemorrhage, mechanical obstruction, or perforation)
- History of epilepsy

Hyoscine butylbromide (Buscopan): Oral, IV, IM

Smooth muscle spasm of gastro-intestinal or genito-urinary system (oral):

- 6–11 years: 10 mg X 3
- 12–17 years: 20 mg X 4

Bowel colic (in palliative care): Oral IV, IM:

- 1 month–4 years: 0.3-0.5 mg/kg X 3–4 (max. per dose 5 mg)
- 5–11 years: 5–10 mg X 3-4
- Child 12–17 years: 10–20 mg X 3-4

Amoxicillin:

IV:

Neonate: 30-60 mg/kg X 2

Child: 20-60 mg/kg X 3 maximum dose 1 g X 3

Oral:

Neonate: 30 mg/kg X 3 (max. per dose 125 mg).

1–11 months: 125 mg 3 X 3; up to 30 mg/kg X 3

Child 1–4 years: 250 mg X 3; up to 30 mg/kg X 3

5–11 years: 500 mg X 3; up to 30 mg/kg X 3 (max. per dose 1 g)

Note: For suspension, shake well before use. Discard after 14 days.

If taste is unacceptable, mixed with milk, fruit juice & other drinks. After mixing administer immediately & completely.

Amoxiclav should not be taken on empty stomach (reduced absorption).

Ceftriaxon: IV, IM

50-100 mg/kg ÷ 1-2 (Maximum 2g/day)

Cefotaxime (Claforan): IV, IM 50-200 mg/kg/day IV/IM ÷ 3-4 doses

Ceftazidime: IV, IM

<1 month: Safety and efficacy not established

1 month-12 years: 90-150 mg/kg IV ÷ 3 doses, maximum dose 2g X 3

Vancomycin: IV

15 mg/kg X 3, maximum 2 g per day

Preparation: Initially add 10 mL of distilled water to 500-mg vial and 20 mL of distilled water to 1-g vial to yield 50 mg/mL solution. The dose to be infused should be further diluted in a solution and given over at least 1 hr.

Notes:

- Avoid rapid infusion because of risk of red man syndrome (flushing, pruritus, hypotension, erythema, and urticaria).

- Avoid extravasation; necrosis may occur.

- Oral preparations are only indicated for treatment of pseudomembranous colitis; not effective for systemic infections.

Meropenem: IV

Neonate 1-7 days: 20 mg/kg X 2, increased to 40 mg/kg X 2 in severe infections

Neonate 7- 28 days: 20 mg/kg X 3, increased to 40 mg/kg X 3 in severe infections

Child 1m–11 y (body-weight up to 50 kg): 10–20 mg/kg X 3

Preparation: Initially add 10 mL of distilled water to 500-mg vial and 20 mL of distilled water to 1-g vial to yield 50 mg/mL solution. The dose to be infused should be further diluted in a solution and given over at least 30 minutes.

Trimethoprim/Sulfamethoxazole TMP/SMX: parenteral, oral suspension, tablet

<2 months: Contraindicated

Mild to Moderate Infections: 8mg TMP/kg/day PO ÷ 4 doses

Serious Infections:

- 15-20 mg TMP/kg/day PO ÷ 4 doses

- 8-12 mg TMP/kg/day IV ÷ 2-4 doses.

Contraindicated in: • Severe RF • Severe LF • Megaloblastic anemia or folate deficiency.

Azithromycin: Oral solution, tablet

<6 months: Safety and efficacy not established

-10 mg/kg once daily for 3 days (max. per dose 500 mg).

Gentamicin: IV, IM

Infants: 2.5 mg/kg X 3

Children and adolescents: 2-2.5 mg/kg X 3

Amikacin: IV, IM 5-7.5 mg/kg X 3

Infused over 1-2 hours in infants.

- Avoid potent diuretics (eg, ethacrynic acid, furosemide) because they increase risk of ototoxicity.

- Risk of ototoxicity • Risk of nephrotoxicity

Acyclovir (Zovirax): oral suspension, tablet, capsule, IV

Neonatal Herpes Simplex Virus Infection:

- 30 mg/kg/day IV into 3 doses IV for 14-21 days;

- Alternatively, 20 mg/kg X 3 IV for 14-21 days

In obese patients, use ideal body weight

Herpes Simplex Virus Encephalitis

- 3 months-12 years: 20 mg/kg X 3 IV for 10 days; up to 14-21 days reported In obese patients, use ideal body weight
- >12 years: 10-15 mg/kg X 3 IV for 14-21 days

Mucocutaneous Herpes Simplex Virus Infection

- Treatment in immunocompromised patients:

<12 years: 10 mg/kg X 3 IV for 7 days

- >12 years: 5-10 mg/kg/day IV ÷ 3 for 5-7 days

Herpes Zoster (Shingles)

- <12 years (immunocompromised): 20 mg/kg X 3 IV for 7 days
- >12 years (immunocompetent): 800 mg X 5 PO while awake for 7-10 days
- >12 years (immunocompromised): 10 mg/kg X 3 IV for 7-10 days

Varicella Zoster (Chickenpox)

- ≥2 years and <40 kg: 20 mg/kg X 4 PO for 5 days; not to exceed 800 mg/dose In obese patients, use IBW
- >40 kg: 800 mg X 4 PO for 5 days
- Immunocompromised patients
 - o<12 years: 20 mg/kg X 3 IV for 7 days
 - o>12 years: 10 mg/kg X 3 IV for 7 days

Metronidazole (Flagyl): Oral, IV

Anaerobic Infection:

1-2 months: 7.5 mg/kg X 3 (after 8 hours), for 7 days.

2 months–17 years: 7.5 mg/kg X 3 (max. per dose 500 mg) usually treated for 7 days.

Amebiasis & amebic liver abscess: 11-17 mg/kg X 3 for 10 days.

Giardiasis: 5 mg/kg X 3 for 7-10 days.

Diloxanide furoate, or paromomycin: tablet

Amebiasis: 500 mg X 3 for 10 days after treatment by metronidazole.

Hydrocortisone: PO, IV, IM

Inflammation: Oral: 2.5-10 mg/kg ÷ 3-4.

IV: 1-5 mg/kg ÷ 1-2

Status Asthmaticus

Loading: 4-8 mg/kg IV ÷ 4 for 24 hr; not to exceed 250 mg, then:

IV Maintenance: 2 mg/kg/day IV ÷ 4

PO Maintenance: 0.5-1 mg/kg IV X 4

Prednisone: oral solution, tablet

Inflammation:

0.5-2 mg/kg PO ÷ 1-2 for 3-10 days; not to exceed 80 mg/day

Acute Asthma:

<12 years: 1-2 mg/kg PO ÷ 1-2 for 3-10 days; not to exceed 80 mg/day

≥12 years: 40-60 mg PO once daily for 3-10 days

Methylprednisolone: Oral, IV, IM

Inflammation: 0.5-1.7 mg/kg ÷ 2

Status Asthmaticus:

<12 years: 1-2 mg/kg IV/IM ÷ 2 until peak expiratory flow is 70% of predicted or personal best; not to exceed 60 mg/day

>12 years: 40-80 mg IM ÷ 1-2 until peak expiratory flow is 70% of predicted or personal best; not to exceed 60 mg/day

Dexamethasone: PO, IV, IM

Airway Edema: 0.5-2 mg/kg ÷ 4, starting 24 hours before extubation and continued for 4-6 doses afterward

Croup: 0.6 mg/kg one dose only; not to exceed 16 mg

Inflammation: 0.08-0.3 mg/kg ÷ 2-4

Meningitis: >6 weeks: 0.6 mg/kg/day ÷ 4 for first 2-4 days of antibiotic therapy, starting 10- 20 minutes before or simultaneously with first antibiotic dose

Cerebral Edema Associated With Brain Tumor: 1-2 mg/kg once; maintenance: 1-1.5 mg/kg ÷ 4-6; not to exceed 16 mg/day

Epinephrine (solution):

Nebulized drugs:

> 1 month of age: 0.4 mg/kg (max. per dose 5 mg) of 1:1000 epinephrine solution. Dose to be repeated after 30 minutes if necessary.

Note: it is used when patient is not effectively controlled with corticosteroid treatment. The effects of nebulised adrenaline for the treatment of croup lasts for 2–3 hours.

Salbutamol (Ventoline):

Severe bronchospasm:

1-Nebulizer:

- Child 1 month–4 years: 2.5 mg
- Child 5–11 years: 2.5–5 mg
- Adults: 5 mg
- Repeat every 20–30 minutes or when required, give via oxygen driven nebuliser if available (all ages)
- Calmly breathe through your mouth until no more mist is formed (~5-15 minutes).
- Preparations are either 2.5 mg/2.5 ml (used without dilution), or 0.5 ml of 0.5% solution diluted with NS to a total of 2.5 ml)

2-Metered-dose inhaler with spacer chamber:

- All ages 2-4 puffs, repeated at 15- to 30-minute intervals as needed.
- Each puff is to be inhaled separately, give via large volume spacer (and a close-fitting face mask in children under 3 years).

Administration:

1-Aerosol metered-dose inhaler:

- Prime inhaler (before first-time use or when inhaler has not been used for >2 weeks): Release 4 test sprays into the air, away from the face
- Shake well before each use
- Breathe out fully through the mouth; place mouthpiece fully into mouth, holding inhaler in its upright position and close lips around it
- While breathing in deeply and slowly through the mouth, fully depress the top of the metal canister with your index finger

- Hold your breath for ≤10 sec; before breathing out
- For additional puffs, wait 1 minute, shake inhaler again, and repeat steps listed above; replace cap after use

2-Powder metered-dose inhaler:

- Does NOT require priming
- Do not use with a spacer or volume holding chamber

Note:

Salbutamol and ipratropium bromide solutions are compatible and can be mixed for nebulisation.

Ipratropium bromide (Atrovent): (Nebulized)

- Child 1 month–11 years: 0.25 mg
- Child 12–17 years: 0.5 mg
- Adults: 0.5 mg

* Dose can be repeated every 20 min for 3 doses, then it can be given X 4-6.

Budesonide (Pulmicort) Nebulized:

Prophylaxis of asthma:

Child 6 months–11 years: 125–500 micrograms twice daily, adjusted according to response; maximum 2 mg per day

Child 12–17 years: Initially 0.25–1 mg twice daily, adjusted according to response, doses higher than recommended max. may be used in severe disease; maximum 2 mg per day

Croup

Child: 2 mg for 1 dose, alternatively 1 mg for 2 doses separated by a 30 minute interval, dose may be repeated every 12 hours until clinical improvement