

Primary Children's Life Flight Pediatric Drug Guidelines

Age	32 w	Newborn	6 m	1 y	3 y	6 y	10 y	14 y				
Approximate Wt (kg)	1.5 kg	3 kg	7 kg	10 kg	15 kg	20 kg	30 kg	50 kg				
Epinephrine (0.1 ml/kg) 1:10,000 mg 0.01 mg/kg ml	0.015 mg 0.15 ml	0.03 mg 0.3 ml	0.07 mg 0.7 ml	0.1 mg 1 ml	0.15 mg 1.5 ml	0.2 mg 2 ml	0.3 mg 3 ml	0.5 mg 5 ml				
Epinephrine (0.1 ml/kg) ETT 1:1,000 mg 0.1 mg/kg ml	0.15 mg 0.15 ml	0.3 mg 0.3 ml	0.7 mg 0.7 ml	1mg 1 ml	1.5 mg 1.5 ml	2 mg 2 ml	3 mg 3 ml	5 mg 5 ml				
Atropine mg 0.02 mg/kg ml	consult	consult	0.14 mg 1.4 ml	0.2 mg 2 ml	0.35 mg 3.5 ml	0.4 mg 4 ml	.06 mg 6 ml	1 mg 10 ml				
Lidocaine 1mg/kg	consult	consult	7 mg	10 mg	15 mg	20 mg	30 mg	50 mg				
Bicarb Neonatal 4.2% ml Standard 8.4% ml	3 ml	6 ml	Neonatal dosing must be given slowly (>10 min)				7 ml	10 ml	15 ml	20 ml	30 ml	50 ml
Dextrose Newborn 2-4 ml/kg D10 Child 2-4 ml/kg D25 Adult 1-2 ml/kg D50	3-6 ml	6-12 ml	14-28 ml	20-40 ml	30-60 ml	40-80 ml	30-60 ml	1 syringe				
Fluid Maintenance Fluid Bolus	5 ml/hr 15 ml NS	9 ml/hr 30 ml NS	28 ml/hr 140 ml	40 ml/hr 200 ml	50 ml/hr 300 ml	60 ml/hr 400 ml	70 ml/hr 600 ml	90 ml/hr 1000 ml				
ET Tube size (OD)	3	3.5	3.5	4	5	5.5	6.5	7				
ETT tip to lip distance	6 + wt (kg)	6 + wt (kg)	10-11 cm	11-12 cm	14-15 cm	16cm	17-18 cm	18-20 cm				
Respiratory Rate	<60	<60	24-36	22-30	20-26	20-24	16-22	14-20				
Heart Rate	140	125	120	120	110	100	70-100	80-100				
Systolic Blood Pressure	50-70	60-80	70-95	80-100	80-110	80-110	90-120	105-135				
Defibrillation	consult	consult	consult	20-40-40	30-60-60	40-80-80	60-120-120	360J				
Cardioversion	consult	consult	consult	10J	15J	20J	30J	50J				

Hand position

- <1 year: 2 fingers just below nipple line in 2 thumbs encircling technique
- 1 to 8 years: 1 or 2 heels of your hand(s) at nipple line.
- ≥ 8 years: 2 hands on lower 2/3 of sternum

	Rate for 1 rescuer	Rate for 2 rescuers
Newborn	3:1	3:1
Infants	30:2	15:2
Child	30:2	15:2
Adult	30:2	30:2

2 Resucer	NonIntubated RR Rate	Intubated RR Rate	AED V-fib/V-tach
Infants	3:1	3:1	Following a single shock immed. CPR for 5 cycles-starting with compressions, re-evaluation
Child	12—20 min	8—10 min	
Adult	10—12 min	8—10 min	

- Do not interrupt CPR for bagging, meds, etc.
- No standard suctioning for meconium stained fluid
- Use standard airway confirmation device
- Push hard, push fast
- Give drugs immediately after rhythm check; can be given after shock or while charging defibrillator
- No pulse or rhythm check after shock
- No routine use of high dose IV epinephrine
- Cuffed tubes are safe to use for pediatrics

1. Complete spinal restrictions as appropriate
2. 100% oxygen administration by appropriate adjunct
3. Bag-valve-mask/intubation for ineffective respirations
4. If patient is intubated use ETCO2 monitoring or other secondary confirmation device
5. NG/OG tube as appropriate
6. 2 large bore IVs/IOs as needed
7. Warm fluids NS or LR
8. Continue to stabilize patient's airway, maintain adequate ventilation and oxygenation, and appropriate B/P for age
9. Extremity immobilization as needed
10. Keep patient warm; secure tubes and lines
11. Give report
 - Time of incident, mechanism of injury
 - Overview of ABCs and major findings
 - Current vital signs to include GCS trends
 - Lines, fluids given and amount
 - Weight in kg, allergies, current medications, past medical history, last meal, exposures to childhood illnesses, and events leading to transportation (AMPLE)
12. Do not transport patient with personal belongings
13. Parental consent for intra-facility transport
14. Give family members directions to Primary Children's
15. Give crew member your run sheet and information on how to contact them for equipment return and patient update