

# INTRAVENOUS STAT DOSES

## 9 kg

Affix Patient Label Here

### Diluents:

NS = Sodium Chloride 0.9%, G5 = Glucose 5%, WFI = Water for Injections

● = Central or intraosseus route only

CD = Controlled drug

Maximum doses highlighted in red



*Note: Ideal or adjusted body weight should be used where clinically appropriate*

Intubation/Induction				
Drug	Dose/kg		Calculated Dose	Dilution
Atracurium besilate	0.5	mg/kg	4.5 mg	Neat or with NS/G5 to convenient vol.
Atropine sulfate	20	microg/kg	180 microg	Neat or with NS/G5 to convenient vol.
Fentanyl CD	1 - 5	microg/kg	9 - 45 microg	Neat or with NS/G5 to convenient vol.
Ketamine CD	1 - 2	mg/kg	9 - 18 mg	Neat or with NS/G5 to convenient vol.
Midazolam CD	0.1 - 0.2	mg/kg	0.9 - 1.8 mg	Dilute to 1mg/mL with NS/G5
Rocuronium bromide	0.6 - 1	mg/kg	5.4 - 9 mg	Neat or with NS/G5 to convenient vol.
Suxamethonium chloride	2	mg/kg	18 mg	Neat or with NS/G5 to convenient vol.
Thiopental sodium	2 - 5	mg/kg	18 - 45 mg	Reconstitute to 25mg/mL with 20mL NS/G5/WFI

Fluid Bolus	
Dose/kg	Calculated Volume
10mL/kg	90 mL
5mL/kg	45 mL

Maintenance Fluids		
%	Daily Allowance	Rate
100%	900 mL/day	37.5 mL/hr
75%	675 mL/day	28.1 mL/hr
50%	450 mL/day	18.8 mL/hr

Cardiac Arrest/Arrhythmias					
Drug	Dose/kg		Calculated Dose	Administer Over	Dilution
Adenosine	0.1 - 0.5	mg/kg	0.9 - 4.5 mg	2 seconds	Neat or dilute to 0.5mg/mL with 6mL NS
Adrenaline (1:10,000) [100microg/mL]	0.01	mg/kg	0.09 mg	Rapid injection	Dilute to 10mL with NS (max. 1mg/10mL [neat])
Amiodarone hydrochloride <b>cardiac arrest loading dose - arrhythmias</b>	5 - 10	mg/kg	45 - 90 mg	3 minutes 20 minutes - 2 hours	Neat or dilute to 7.5 - 15mg/mL with G5 Dilute to 0.6 - 2.4mg/mL with G5
Calcium GLUCONATE 10% [0.22mmol/mL]	0.11	mmol/kg	0.99 mmol	5 - 10 minutes	Neat or dilute each 1mL with 4mL of NS/GS
Glucose 10%	2	mL/kg	18 mL	2 - 5 minutes	Neat
Magnesium sulfate 50% [500mg/mL]	25 - 50	mg/kg	225 - 450 mg	20 minutes	Dilute each 1mL with 4mL of NS/G5
● Potassium chloride 15% [2mmol/mL] CD	0.4	mmol/kg	3.6 mmol	1 hour	Dilute to 0.5mmol/mL with NS (preferred)/G5
Sodium bicarbonate 8.4% [1mmol/mL]	1	mmol/kg	9 mmol	At least 3 minutes	<2 years: dilute with equal vol. of NS/G5/WFI

Seizures/Intracranial Pressure					
Drug	Dose/kg		Calculated Dose	Administer Over	Dilution
Lorazepam CD	0.1	mg/kg	0.9 mg	Rapid injection over 1 minute	Dilute to 2mg/mL with equal volume of NS/G5
Levetiracetam	40	mg/kg	360 mg	5 minutes	Dilute to 50mg/mL (neonates: 100mg/mL) with NS/G5
Phenobarbital CD	20	mg/kg	180 mg	20 minutes	Dilute to 20mg/mL with WFI
Phenytoin	20	mg/kg	180 mg	20 minutes	Dilute to 5-10mg/mL with NS (use 0.22-0.5micron filter)
Sodium chloride 2.7 - 3%	3 - 5	mL/kg	27 - 45 mL	10 - 15 minutes	Neat (2.7% preferred as pre-made solution)
Mannitol 20%	0.25 - 1	g/kg	11.3 - 45 mL	15 - 30 minutes	Neat (15micron filter recommended)

Asthma					
Drug	Dose/kg		Calculated Dose	Administer Over	Dilution
Magnesium sulfate 50% [500mg/mL]	40	mg/kg	360 mg	Over 20 minutes	Dilute to 20mL with NS
Salbutamol <b>1-23 months over 2 years</b>	5	microg/kg	45 microg	5-10 minutes	Dilute to 5mL with NS/G5
	15	microg/kg	135 microg	5-10 minutes	Dilute to 5mL with NS/G5

# INTRAVENOUS INFUSIONS

## 9 kg

Affix Patient Label Here

### Diluents:

NS = Sodium Chloride 0.9%, G5 = Glucose 5%,  
WFI = Water for Injections

● = Central or intraosseus route only

CD = Controlled drug

Maximum doses highlighted in red



Note: Ideal or adjusted body weight should be used where clinically appropriate

Inotropes/Vasoactives						
Infusion	Drug Amount	Diluent	Total Volume	Dose	Rate	
● Adrenaline (1:1000) [1mg/mL] <b>central</b>	2.7 mg	NS or G5	50 mL	0.1 - 1.5 microg/kg/min	1 mL/hr =	0.1 microg/kg/min
Adrenaline (1:1000) [1mg/mL] <b>peripheral</b>	2.7 mg	NS or G5	500 mL	0.1 - 1.5 microg/kg/min	1 mL/hr =	0.01 microg/kg/min
● Amiodarone hydrochloride	120 mg	G5	50 mL	5 - 25 microg/kg/min	2.25 mL/hr =	10 microg/kg/min
Dinoprostone (Prostin®) <b>neonates only</b>						
● Isoprenaline <b>under 12 years</b>	0.27 mg	G5	50 mL	0.02 - 1 microg/kg/min	1 mL/hr =	0.01 microg/kg/min
<b>over 12 years</b>	3 mg	G5	50 mL	0.5 - 20 microg/min	1 mL/hr =	1 microg/min
Milrinone <b>peripheral</b>	10 mg	NS or G5	50 mL	0.25 - 0.75 microg/kg/min	1.35 mL/hr =	0.5 microg/kg/min
● Noradrenaline <b>central</b>	2.7 mg	NS or G5	50 mL	0.1 - 1.5 microg/kg/min	1 mL/hr =	0.1 microg/kg/min
Noradrenaline <b>peripheral</b>	2.7 mg	NS or G5	500 mL	0.1 - 1.5 microg/kg/min	1 mL/hr =	0.01 microg/kg/min
● Vasopressin (argipressin)	9 units	NS or G5	50 mL	0.0003 - 0.002 units/kg/min	1 mL/hr =	0.0003 units/kg/min
Sedatives/Analgesics/Muscle Relaxants						
Infusion	Drug Amount	Diluent	Total Volume	Dose	Rate	
Fentanyl <b>CD</b>	450 microg	NS or G5	50 mL	1 - 10 microg/kg/hr	1 mL/hr =	1 microg/kg/hr
● Ketamine <b>CD</b> <b>central</b>	270 mg	NS or G5	50 mL	10 - 45 microg/kg/min	1 mL/hr =	10 microg/kg/min
Ketamine <b>CD</b> <b>peripheral</b>	270 mg	NS or G5	50 mL	10 - 45 microg/kg/min	1 mL/hr =	10 microg/kg/min
Morphine <b>CD</b>	9 mg	NS or G5	50 mL	5 - 60 microg/kg/hr	1 mL/hr =	20 microg/kg/hr
Midazolam <b>CD</b>	27 mg	NS or G5	50 mL	30 - 300 microg/kg/hr	1 mL/hr =	60 microg/kg/hr
Propofol 1% <b>maximum 12 hours</b>	500 mg	Neat	50 mL	1 - 4 mg/kg/hr	0.9 mL/hr =	1 mg/kg/hr
Rocuronium bromide	500 mg	Neat	50 mL	300 - 1000 microg/kg/hr	0.9 mL/hr =	1000 microg/kg/hr
Bronchodilators						
Infusion	Drug Amount	Diluent	Total Volume	Dose	Rate	
Aminophylline <b>loading dose</b>	500 mg	NS	500 mL	54 mg (6mg/kg)	54 mL	over 20 minutes
followed by <b>under 12 years</b>	500 mg	NS	500 mL	1 mg/kg/hr	9 mL/hr =	1 mg/kg/hr
<b>over 12 years</b>	500 mg	NS	500 mL	0.5 - 0.7 mg/kg/hr	4.5 mL/hr =	0.5 mg/kg/hr
Magnesium sulphate 50% [500mg/mL]	5 g	G5	50 mL	50 mg/kg/hr	4.5 mL/hr	over 4 hours
Salbutamol <b>peripheral</b>	10 mg	NS or G5	50 mL	0.5-1 microg/kg/min	1.35 mL/hr =	0.5 microg/kg/min
<b>monitor for extravasation</b>				<i>maximum 20microg/min</i>		

Disclaimer: All medicines to be given INTRAVENOUSLY unless otherwise stated. It is the responsibility of the clinician to ensure drugs are used appropriately according to the clinical situation and doses double checked. NWTs/ODN does not accept any liability. Use of these monographs is at the clinician's own risk.