Cardiac Medications: Antiarrhythmics

Adenosine IV/IO
Indication: Supraventricular tachycardia (stable)
Dose: 0.1 mg/kg rapid IV push, then 5 mL saline flush
Repeat q2min x 2 doses: 0.2 mg/kg, 0.3 mg/kg (max 12 mg/kg)

Amiodarone IV/IO
Indication: Pulseless VT/VFb, stable ventricular tachycardia, SdcVT
Dose: 5 mg/kg rapid IV push, or over 20–60 min (stable tachycardia) up to 15 mg/kg (max 300 mg/dose)

Lidocaine IV/IO
Indication: 2nd line for pulseless VT/VFb
Dose: 1 mg/kg IV slowly, repeat 0.5 mg/kg q5–10min up to 3 mg/kg total dose

Magnesium Sulfate IV/IO
Indication: Torres des Points
Dose: 25–50 mg/kg (max 2g) slow IV push, or over 15 min if stable

Cardiac Medications: Antiarrhythmics

Dopamine IV/IO (inotropic and vasoconstrictor): 5–20 mcg/kg/min (inotrope effects start at >1.5 mcg/kg/min)
Note: More vasconstriction with higher doses

Epinephrine IV/IO (potent inotropic, vasoconstrictor): 0.01–1 mcg/kg/min
Norepinephrine IV/IO (potent vasoconstrictor, inotrope): 0.05–1mcg/kg/min
If considering milrinone, dobutamine, phenylephrine, or nitropressure, please call referral line for PICU consultation

Cardiac Medications: Other

Prostaglandin E (Alprostadil)
Indication: Ductal dependent lesion in neonate (e.g. hypoplastic left heart, critical coarctation, etc.).

Consult OHSU Pediatric Cardiology

ETT tube sizing table and Vital Signs:
50thile except BP
3 x tube size = cm @ lip
Use cuffed tubes when available.

Cardiac Arrest Medications

• Place IO
• Oxygen 100%
• C-A-B: Compression (Ratio 15:2 for 2 rescuer CPR), Airway, Breathing

Authors: Burns E., M.D., Hartenstein M., R.N., Carpenter K., R.N., Leppard K., R.N., Mah N., Pharm.D., Burns B., M.D.

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

Cardiac Medications: Other

Cardiac Medications: Vasoactive and Inotropic

Sodium Bicarbonate
— 1-2 mEq/kg IV/IO, —
— 25-50ml,
Indication: pH <7.1

Calcium Gluconate
— 100 mg/kg (max 3 g)
Indication: Bradycardia, asystole, hypotension

Epinephrine
— 0.1mg/mL (1:10,000): 0.1ml/kg (max 10ml)
IV/IO push q3–5 min
Indication: Bradycardia, Airway, Breathing

Atropine
— 0.02 mg/kg IV/IM/IO (minimum dose 0.1mg), max dose 1 mg and repeat doses
— 0.04 mg/kg up to 3 mg.
Indication: Hypocalcemia, hyperkalemia

Crystalloid (Normal Saline or Lactated Ringers) — 20 mL/kg IV/IO.
Indication: Volume expansion

Colloid (5% Albumin, pRBC) — 10 mL/kg IV
Indication: Volume expansion

Glucose IV/IO
— D50W: 5-10ml/kg, Indication: CBG < 60mg/dL
— D25W: 25-50ml,
Indication: CBG < 40 mg/dL

Glucose IV/IO
— D50W: 5-10ml/kg, Indication: CBG < 60mg/dL
— D25W: 25-50ml,
Indication: CBG < 40 mg/dL

Glucose IV/IO
— D50W: 5-10ml/kg, Indication: CBG < 40 mg/dL
— D25W: 25-50ml,
Indication: CBG < 40 mg/dL

Sodium Bicarbonate
— 1-2 mEq/kg IV/IO.
Indication: pH <7.1

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OHSU accepts most health plans. OHSU is an equal opportunity, affirmative action institution.
**Increased Intracranial Pressure**

- Prevent hypoxia or hypoxia; allow permissive hyperventilation (EtCO₂ 28–32) while making operative arrangements
- Maintain normoventilation (EtCO₂ 30–35)

**Seizures**

- **FIRST**: Diazepam 0.1–0.2 mg/kg dose (max 10 mg) IV
- **SECOND**: Lorazepam 0.1–0.2 mg/kg dose (max 10 mg) IM
- **THIRD**: Midazolam 0.05–0.1 mg/kg dose (max 5 mg per dose) IV/IM, or 0.25–1 mg/kg dose PO

**Goals for first 60 min of therapy**

- Restore normal airway, oxygenation, and ventilation
- Restore circulation (CPR ≤ 2 sec, HR for age, BP > 70 x 2x years ±10yrs, etc.)