

## ADENOSINE

Indication	Route	Dose	Frequency	Notes
Arrhythmias	I.V.	Initial dose 150 micrograms/kg	stat	Increase dose if required by 50 micrograms/kg to a maximum of 300 micrograms/kg (or 500 micrograms/kg if over 28 days old)

### ADMINISTRATION DETAILS

Take 1ml from a 3mg/ml vial and dilute to 3ml with 0.9% Sodium Chloride. This gives a 1mg/ml solution. Give centrally if possible or into a large peripheral vein over 2 seconds. Follow with a rapid flush of sodium chloride 0.9%.

### FURTHER INFORMATION

Adenosine is contra-indicated in 2<sup>nd</sup> or 3<sup>rd</sup> degree heart block, AV block, sick sinus syndrome and asthma. Beware Torsades de pointes in a child with prolonged QT interval. The effect is antagonised by caffeine, aminophylline and theophylline and enhanced by dipyridamole, give 25% of the usual dose. ECG monitoring is required.

## ADRENALINE (Epinephrine)

Indication	Route	Dose	Frequency
Cardiac Arrest	I.V./I.O.	10 micrograms/kg	Repeat when required
Inotropic support	I.V. infusion	0.1 – 1.0 micrograms/kg/min	Maximum rate 1.5 micrograms/kg/min. (Discuss with cardiology)
Anaphylaxis	I.M./S.C.	10 mcg/kg (1ml/kg of 1 in 10,000 solution)	Stat
Stridor	NEB	0.5mg/kg (0.5ml of 1 in 1,000 solution)	Stat

### Administration Details

For intravenous infusion, take 1.5mg PER KILO from a 1mg/ml (1 in 1000) ampoule DILUTE to 25ml with fluid. A rate of 0.1ml/hr = 0.1micrograms/kg/min. Give centrally if possible. Can dilute in Glucose 5%, 10% or 0.9% Sodium Chloride

For nebulised Adrenaline dilute to 2.5ml in 0.9% sodium chloride.

### Further Information

Monitor heart rate and blood pressure. Compatible with TPN (not lipid)

NOT compatible with lipid, Sodium Bicarbonate or alkaline solutions

Compatible with TPN (Aqueous) Dobutamine, Dopamine, Heparin, Midazolam, Milrinone and Morphine.

## ALBUMIN 4.5%

Indication	Route	Dose
Volume replacement	I.V.infusion	10-20ml/kg

### Administration Details

Infuse solution over 30 mins, although rate is dependent on clinical circumstances.

### Further Information

Effect may be short lived. Blood pressure should be closely monitored

## ATRACURIUM

Indication	Route	Dose	Frequency	Notes
Neuromuscular blockade	I.V.	300 – 500 mcg/kg	stat	Initial dose
	I.V.	100-200 mcg/kg	stat	Subsequent doses
	I.V. infusion	400 mcg/kg/hour	continuous	

### Administration details

i.v. bolus – Take 0.5ml and dilute TO 5mL. Gives 1mg/mL solution.

Take 60mg/kg and dilute TO 50ml with either Glucose 5% or Sodium Chloride 0.9%. A rate of 0.1mL/hour = 120 micrograms/kg/h

### Further information

If diluted with Glucose only stable for 8 hours

## ATROPINE

Indication	Route	Dose	Frequency	Notes
Pre-med for intubation/ Bradycardia	I.V.	20micrograms/kg	stat	For intubation use with Fentanyl and Suxamethonium

### Administration Details

Atropine is available as 600microgram/ml ampoules, Check volume of dose very carefully as overdose can cause respiratory depression and convulsions.

### Further Information

Monitor respiratory markers, heart rate and rhythm.

## CALCIUM GLUCONATE

Indication	Route	Dose	Frequency
Hypocalcaemia - symptomatic	I.V.	2ml/kg of 10%	stat
Hypocalcaemia – maintenance	I.V.	1mmol/kg/day	Added to maintenance fluids
	P.O.	0.25mmol/kg	Four times daily
Hyperkalaemia	I.V.	0.5ml/kg of 10%	stat

### Administration Details

**For central use** - Dilute with 5ml sodium chloride 0.9% or glucose 5% and infuse over 10minutes. May be given undiluted. Replacement may be given as a continuous infusion or divided between feeds.

**For peripheral use** - Dilute to at least 0.045mmol in 1ml (1 in 5) with glucose 5% or 0.9% sodium chloride. The maximum peripheral administration rate is 0.022 mmol/kg/hr

### Further Information

1ml of Calcium Gluconate 10% contains 0.225 mmol of Calcium. An oral syrup is available which contains 2.5mmol of calcium in 5ml. *Sandocal 1000* effervescent tablets contain 1000mg (25mmol) of calcium. Dissolve each tablet in some water and make up TO 25 ml. This gives a 1mmol per ml solution. Monitor heart rate (can cause arrhythmias) and calcium levels. If given peripherally monitor injection site as can cause severe burns if extravasation occurs.

## DINOPROSTONE (Prostaglandin E<sub>2</sub>)

Indication	Route	Dose	Notes
Maintenance of PDA	I.V. infusion	5-20 nanograms/kg/min	Start at 5 nanograms/kg/min and increase by 5 nanograms/kg/min according to response.

### Administration Details

Take 50microgram from the dinoprostone ampoule (1mg/mL). Dilute to 50ml with either sodium chloride 0.9% or glucose 5%. This gives a 1microgram/ml solution. This dilution means 0.3ml/**kg**/hr = 5nanogram/kg/min. DO NOT infuse with other drugs.

### Further Information

Be prepared to intubate and resuscitate if necessary. Monitor blood gases and arterial pressure. Apnoea may occur. Once a satisfactory response has been achieved, the infusion should be reduced to the lowest dose possible.

## DOBUTAMINE

Indication	Route	Dose	Notes
Inotropic support	I.V.infusion	5-10 mcg/kg/min	Initial rate
		2-20 mcg/kg/min	Maintenance rate

### **Administration Details**

Give via a central line if possible, never administer intra-arterial. Dilute in Sodium Chloride 0.9% or Glucose 5%

If the dobutamine is prescribed at 5-20micrograms/kg/min the infusion should be prepared by taking 4.8ml (60mg) PER KILO from a 12.5mg/ml ampoule DILUTING to 20ml producing a 3mg/ml solution. A rate of 0.1ml/hr = 5micrograms/kg/min.

If the dobutamine is prescribed at a rate of 2-6micrograms/kg/min. The infusion should be prepared by taking 4.8ml(60mg) PER KILO from a 12.5mg/ml vial DILUTING to 50ml producing a 1.2mg/ml solution. A rate of 0.1ml/hr = 2micrograms/kg/min.

Maximum concentration 5mg/ml

### **Further Information**

Monitor blood pressure and heart rate. Rate may be increased to a maximum of 20microgram/kg/min under the authorisation of a consultant.

Solutions of dobutamine may turn pink due to a slight oxidation of the drug. Such solutions are safe to use as there is no significant loss of potency.

### **Compatibility**

Y-site Compatible – Noradrenaline, TPN, fentanyl, lignocaine, midazolam, milrinone or morphine

Incompatible – Sodium Bicarbonate and other alkaline solutions

## DOPAMINE

Indication	Route	Dose	Effect
<b>Inotropic support</b>	I.V.infusion	Range (2-20 mcg/kg/min)	
		Low dose (2-5 mcg/kg/min)	Increase in renal blood flow and urine output
		Intermediate dose (5-10 mcg/kg/min)	Increase in heart rate, cardiac contractility, cardiac output and blood pressure
		High dose (10-20 mcg/kg/min)	Increase in blood pressure, vasoconstriction and vascular resistance

### **Administration Details**

Dilute in either 0.9% Sodium Chloride or Glucose 5%. Can be given neat via a central line in fluid restricted patients.

#### 5-20micrograms/kg/min

The infusion should be prepared by taking 60mg PER KILO from a 40mg/ml ampoule and DILUTING to 20ml. A rate of 0.1ml/hr = 5micrograms/kg/min.

#### 1-4micrograms/kg/min

(Rate may go higher if volume not a problem) the infusion should be prepared by taking 60mg PER KILO from a 40mg/ml ampoule and DILUTING to 50ml .A rate of 0.1ml/hr = 2micrograms/kg/min.

### **Further Information**

Solution is colourless or slightly yellow. Do not if discoloured.

Monitor blood pressure and heart rate. Monitor injection site closely if given peripherally.

### **Compatibility**

Incompatible - Alkaline solutions, sodium bicarbonate.

Compatible - Dobutamine, milrinone, morphine, fentanyl and TPN.

## FENTANYL

Indication	Route	Dose	Notes
Pre-med	I.V.	4 micrograms/kg	Stat dose. (Give with Atropine and Suxamethonium)
Opiate analgesia/ Respiratory depressant for children with assisted ventilation	I.V.	1 – 5 micrograms/kg	Loading dose
	I.V.infusion	1 – 3 micrograms/kg/hour	Adjust according to response. Maximum dose 8 mg/kg/hour

### Administration Details

Dilute in either 5% Glucose or 0.9% Sodium Chloride

For **bolus administration** - Take 50microgram (1ml) and DILUTE to 5ml to give a 10micrograms/ml solution, give the required dose as a slow bolus.

For **intravenous infusion** - Take 100micrograms of Fentanyl PER KILO and DILUTE to 20ml to give a rate of 0.2ml/hr = 1microgram/kg/hr

### Further Information

Y-site compatible with Midazolam and Milrinone . Monitor heart rate and respiration. Bradycardia may respond to atropine. Naloxone is a direct opiate antagonist. Tolerance may develop and withdrawal symptoms are not uncommon after prolonged infusion (>3days), wean slowly.

## GLUCAGON

Indication	Route	Dose	Frequency	Notes
Treatment of Hypoglycaemia	I.V./S.C./I.M.	20 micrograms/kg	stat	
Treatment of Hyperinsulinaemia	I.V.infusion	5 – 20 micrograms/kg/h		Adjust to response

### Administration Details

Discuss with Endocrine team before starting.

Reconstitute the 1mg vial with 1ml of water for injection (do not use the diluent provided due to the phenol content). Take 250microgram PER KILO and dilute to 10ml with glucose 5%, so a rate of 0.2ml/hr = 5microgram/kg/hr.

### Further Information

Monitor blood glucose and electrolytes, especially potassium. Incompatible with Calcium containing

## HYDROCORTISONE

Indication	Route	Dose	Frequency	Notes
<b>Hypotension</b>	I.V.	1 -2.5mg/kg	1 <sup>st</sup> 2 doses can be 4 hours apart four times a day thereafter.	Once stable wean over 2 – 4 days
<b>Congenital adrenal hyperplasia</b>	P.O.	5-7mg/m <sup>2</sup>	Three times a day	Adjust to response
<b>Replacement</b>	P.O.	4mg/m <sup>2</sup>	Three times a day	Adjust dose to plasma cortisol levels. Give larger doses in the morning and smaller doses in the evening
<b>Acute Hypersensitivity reactions/ angioedema</b>	I.V.	25mg	Three times a day	

### Administration Details

Reconstitute injection with 2ml water for injection. Dilute with sodium chloride 0.9% or glucose 5% if needed and administer as a bolus over 1-3minutes. Tablets are available but injection can be given orally if required.

### Further Information

Blood pressure, blood glucose. Fludrocortisone may be needed with replacement therapy and serum sodium should be closely monitored and supplements prescribed if necessary. There is no need to measure cortisol levels before starting Hydrocortisone.

## LORAZEPAM

Indication	Route	Dose	Frequency
<b>Status epilepticus</b>	I.V.	100 micrograms/kg	Stat. Can be repeated once.

### Administration Details

Dilute 4mg vial to 40ml with Water for Injection or 0.9% Sodium Chloride. This gives a 100 micrograms/ml solution. Give over 1 – 2 minutes into a large vein.

### Further Information

Can cause hypotension, apnoea and respiratory depression.

Contains Benzyl Alcohol and Propylene glycol. Store in the fridge.

Flumazenil is a specific antidote.

## MIDAZOLAM

Indication	Route	Dose	Notes
Sedation	I.V.	200 micrograms/kg	For Investigational procedures
	I.V. infusion	60 micrograms/kg/h (reduced after 24 hours to 30 micrograms/kg/h if patient is under 32 weeks)	Adjust according to response. Maximum 4 days treatment
Seizures	I.V.	100 – 200 micrograms/kg	
	I.V. infusion	60 micrograms/kg/h increased by 60 micrograms/kg/h every 15 minutes until seizure controlled.	Max. 300 micrograms/kg/h

### Administration Details

Take 9mg PER KILO from a 10mg/2ml ampoule dilute to 30ml with sodium chloride 0.9%, glucose 5% or glucose 10%, so that a rate of 0.1ml/hr = 30micrograms/kg/hr.

Administer IV injection over 2 – 3 minutes as rapid injection may cause seizure-like myoclonus in preterm neonates

### Further Information

IV midazolam can cause respiratory depression and severe hypotension. In long term use reduce over several days.

## MILRINONE

Indication	Route	Dose	Frequency	Notes
Low cardiac output/ Cardiac failure	I.V.	50 – 75 micrograms/kg	Loading dose	Over 30 – 60 minutes
	I.V. infusion	15 – 45 micrograms/kg/h		Adjust to response

### Administration Details

Dilute 2mg PER KILO to 20ml with glucose 5% or sodium chloride 0.9% so that a rate of 0.3ml/hr = 30microgram/kg/hr. (suitable for 4kg and below)

Omit loading dose if risk of hypotension

### Further Information

Reduce dose in severe renal failure. Mild thrombocytopenia is common if infusion continues over 24 hours. May delay closure of patent ductus arteriosus

Compatible with Adrenaline, Atracurium, Dobutamine, Dopamine, Fentanyl, Glyceryl Trinitrate, Heparin, Insulin, Isoprenaline, Midazolam, Morphine and Noradrenaline.

NOT compatible with Furosemide.



## MORPHINE SULPHATE

Indication	Route	Dose	Notes
Analgesia (with respiratory support)	I.V. injection	240 micrograms/kg	Loading dose over 5 minutes.
	I.V. infusion	20 micrograms/kg/h	Adjust to response.
Sedation	I.V. injection	120 micrograms/kg	Loading dose. Give over 5 minutes.
	I.V. infusion	10 micrograms/kg/h	Adjust to response.
Withdrawal	P.O.	Initially 40 micrograms/kg every 4 hours	Increase after each dose by 20 micrograms/kg till symptoms settling. Max 250 micrograms/kg. Once symptoms settle for 2 days reduce by 50 micrograms every 2 – 3 days. If withdrawal score increases can go back to higher dose. May take 3 – 4 weeks to fully wean. See Network Neonatal drug withdrawal guideline at <a href="http://www.network.nhs.uk">www.network.nhs.uk</a>

### **Administration Details**

For a *BOLUS* take 0.1ml from a morphine sulphate 10mg/ml ampoule dilute to 10ml of sodium chloride 0.9%. This gives a 0.1mg/ml solution (100 micrograms/ml).

For an *INFUSION* take 1ml from a 10mg/ml ampoule dilute to 10ml of sodium chloride 0.9%, this makes a 1mg/ml solution (1000 micrograms/ml). From the 1mg/ml solution (1000 micrograms/ml):

Take 1mg PER KILO and DILUTE to 20ml with fluid e.g. glucose 10% so that a rate of 0.1ml/hr = 5 micrograms/kg/hour.

### **Further Information**

Monitor respiration and blood pressure. Naloxone may be used to treat morphine over dose. To convert an intravenous dose to an equivalent oral dose, multiply the total daily dose by 2 and administer in 6 divided doses. Use with caution in renal impairment. Please prescribe as Morphine Sulphate NOT Oramorph.

## NALOXONE

Indication	Route	Dose	Frequency
Reversal of opioid induced respiratory depression	I.V. injection	10 micrograms/kg	Repeat every 2 – 3 minutes as necessary.
	I.M. injection	200 micrograms	stat

### **Administration Details**

For a continuous infusion take 500microgram PER KILO and DILUTE to 10ml with sodium chloride 0.9% or glucose 5%, so that 0.2ml/hr = 10microgram/kg/hr.

### **Further Information**

Use in an infant of an opiate-dependent mother can precipitate withdrawal symptoms. Monitor blood pressure

## NORADRENALINE

Indication	Route	Dose	Notes
Hypotension	I.V. infusion	0.02 – 0.1 micrograms/kg/min	Initial dose. Increase according to response. Maximum dose 1 microgram/kg/min.

### Administration Details

Give via a central line. Take 1.5mg PER KILO from a 1mg/ml ampoule DILUTE to 25ml with fluid so that a rate of 0.1ml/hr = 0.1micrograms/kg/min. Change every 24 hours (if uncovered)

Term infants may use the PICU guidelines found at [www.sort.nhs.uk](http://www.sort.nhs.uk)

(guidelines > guidelines:drugs > drug infusion guide 2012 – 2014)

0.3mg/kg in 50ml of either 0.9% Sodium Chloride or 5% Glucose. 1ml/h = 0.1 micrograms/kg/min.

Compatible with Glucose 5%, Glucose 10% and Glucose/Saline.

Incompatible with Bicarbonate and Alkaline solutions. Discard any discoloured solution.

### Further Information

Monitor ECG, Heart rate and blood pressure as can cause peripheral vasoconstriction. Please monitor extremities. Extravasation can cause necrosis.

## PANCURONIUM

Indication	Route	Dose	Frequency
Neuromuscular blockade	I.V.	100 micrograms/kg	Initial dose
		50 micrograms/kg	Subsequent doses.

### Administration Details

Can be diluted in 0.9% Sodium Chloride or 5% Glucose.

### Further Information

Duration can be prolonged in renal or liver impairment. Monitor blood pressure, heart rate and CO<sub>2</sub> accumulation.

## PARALDEHYDE

Indication	Route	Dose	Frequency
Status Epilepticus	P.R.	0.8ml/kg	stat

### Administration Details

Supplied as a ready to use enema, 1ml of enema contains 0.5ml of paraldehyde. Do not use if there is a brown discolouration to the solution or a smell of acetic acid (vinegar).

## PHENOBARBITAL

Indication	Route	Dose	Frequency
Seizures	I.V.	20mg/kg	Loading dose
		5mg/kg	Once daily
	P.O.	5mg/kg	Once daily
Pre HIDA scan	P.O.	2.5mg/kg	Twice a day for 3 days pre-scan

### Administration Details

Give as a slow infusion over 20-30minutes. Dilute with water for injection to 15mg/ml.

### Further Information

Further loading doses (up to total of 40mg/kg) may be given if control is not achieved. Maintenance dose usually starts 12 hours after loading. When a higher loading dose has been given, maintenance should be started after 3 – 4 days. Monitor for abnormal movements and respiratory depression. A trough plasma level should be taken after one week of therapy, trough level 15-40mg/L

## PHENYTOIN

Indication	Route	Dose	Frequency	Notes
Seizures	I.V.	20mg/kg	Loading dose	Adjust to response and serum levels. (Usual maximum 7.5mg/kg twice a day)
		2.5-5mg/kg	Twice a day	

### Administration Details

Flush line with sodium chloride 0.9% or 0.45% prior to administration and after the infusion is finished. Infuse over 30minutes. (Maximum rate: 1mg/kg/min) into a large vein. Do not mix with glucose. Dilute 1ml (50mg) of the injection to 10ml with sodium chloride 0.9% to a 5mg/ml solution, withdraw the required amount and further dilute with sodium chloride 0.9% if required, use within one hour of dilution. Use an in-line filter. (0.5 micron). Maintenance starts 12 hours after loading dose.

### Further Information

Beware of cardiotoxicity, particularly in premature and asphyxiated neonates. Monitor ECG and BP when giving intravenously. Oral route is unsuitable for neonates as it interacts with feeds. Monitor trough levels either 2 hours after loading or after one week of therapy, therapeutic range: 6-15mg/L. Phenytoin exhibits dose dependent kinetics so small dose changes may bring about large changes in steady state plasma levels. Phenytoin causes enzyme induction so interacts with many other drugs.

## ROCURONIUM

Indication	Route	Dose	Frequency
Neuromuscular blockade	I.V.	0.6mg/kg	stat
	I.V.infusion	0.3-0.6 mg/kg/h	Continuous infusion

### Administration Details

Take 40mg PER KILO from the 10mg/ml vial dilute to 20ml with fluid e.g. Glucose 5% (NOT 10%), so that a rate of 0.15ml/hr = 0.3mg/kg/hr. Change infusion every 24 hours.

May be administered undiluted by a rapid IV injection or dilute with normal Saline or 5% glucose to a concentrations of 0.5-1mg/ml

### Further Information

Prescribe hypromellose 0.3% eye drops for patients on continuous infusion. Prolonged duration of action when given with ketamine, fentanyl, other muscle relaxants, aminoglycosides, metronidazole and diuretics. Give Neostigmine with Atropine to reverse effects. Incompatible with Amoxicillin , Dexamethasone, Furosemide, Insulin, Lipid and Vancomycin.

## SODIUM BICARBONATE

Indication	Route	Dose	Frequency
Resuscitation	I.V.	1-2 mmol/kg	Stat dose
Renal/Gut losses	P.O.	1-2 mmol/kg	Daily in divided doses
To correct acidosis	I.V.	See formula below	
Exchange transfusion	I.V.	Add 4 mmol for 1 <sup>st</sup> unit and 2 mmol to any 2 <sup>nd</sup> unit of CPD blood used	

To correct acidosis

**Base deficit x weight (kg) x 0.4** (divide by 2 for half correction)

Only half the base deficit should be corrected initially

### Administration Details

Administer via a dedicated line if possible. Maximum rate 0.5 mmol/kg/min. Dilute 4.2% 1 in 4 for peripheral administration. Dilute in glucose 5% or 10% as there is a risk of hypernatraemia if diluted in Sodium Chloride. 4.2% may be given neat but requires close monitoring of the line as extravasation can cause severe tissue necrosis. Dilute 8.4% 1 in 10 for peripheral administration and 1 in 5 for central administration.

### Umbilical arterial line

- **Dilute** solution: take 3mmol of 4.2% sodium bicarbonate and 40units of heparin sodium and make up to 40ml with water for injection. This solution gives 0.9mmol of sodium bicarbonate over 24 hours, the syringe must be changed every 24hours.
- **Concentrated** Solution: take 6mmol of 4.2% sodium bicarbonate and 40units of heparin sodium and make up to 40ml with water for injection. This gives 1.8mmol of sodium bicarbonate over 24 hours.

8.4% oral solution available from pharmacy. Allow 1 – 2 hours before administering other drugs as sodium bicarbonate can affect the stability of other drugs if administered at the same time.

### Further Information

Monitor pH and electrolytes after half correction before a full correction. Sodium bicarbonate may increase blood pressure or cause fluid retention and pulmonary oedema in those at risk. Hypokalaemia may be exacerbated.

## SODIUM CHLORIDE

Indication	Route	Dose	Frequency	Notes
Sodium Supplement	P.O/I.V.	3-5 mmol/kg	Daily in divided doses	Adjust according to response
Patency of lines	UAC	0.5ml/h	Continuous infusion	Use either 0.45% or 0.9%
	Peripheral arterial line/ Central venous catheter	1ml/h	Continuous infusion	

### Administration Details

Intravenous therapy should be calculated using the intravenous fluid sheet. Oral solution available containing 5 mmol/ml. 30% I.V. solution can be given orally if required.

### Further Information

Once opened oral solution is stable for 7 days in the fridge. May be considerably higher in the premature infant.

## SUXAMETHONIUM

Indication	Route	Dose	Frequency
Premedication for intubation	I.V.	2mg/kg	Stat dose

### Administration Details

Take 50mg and DILUTE to 10ml with sodium chloride 0.9%, to give a 5mg/ml solution. Can be given undiluted

### Further Information

This will provide 5 – 10 minutes of muscle paralysis. Give after Fentanyl and Atropine. Paralysis can cause painful muscle fasciculations. Atropine reduces bradycardia and excessive salivation associated with Suxamethonium use. Can cause hyperkalaemia

## VECURONIUM

Indication	Route	Dose	Frequency	Notes
Short term paralysis	I.V.	80mcg/kg	Stat	Initial dose
		30-50 micrograms/kg	Stat	Repeat dose if required
Continued paralysis	Continuous infusion	30-150mcg/kg/hr	Continuous.	Adjust dose to response

### Administration Details

Add 5ml water for injection to a 10mg vial to give 2mg/ml.

I.V. bolus – Under 2kg further dilute reconstituted vial to 25ml Glucose 5% or 0.9% Sodium Chloride. This give 400 micrograms in 1mL solution.

Weight	Dose required	Volume
500 g	40 micrograms	0.1 ml
600 g	48 micrograms	0.12 ml
700 g	56 micrograms	0.14 ml
800 g	64 micrograms	0.16 ml
900 g	72 micrograms	0.18 ml
1 kg	80 micrograms	0.2 ml
1.5kg	120 micrograms	0.3 ml

Continuous infusion - Take 6mg PER KILO from the 2mg/ml vial dilute to 20ml with fluid e.g. glucose 5% (NOT 10%), so that a rate of 0.1ml/hr = 30micrograms/kg/hr.

### Further Information

Monitor heart rate, blood pressure, ventilation needs, if required, use neostigmine (+ atropine) as antidote. Duration of action may be increased by aminoglycosides, Metronidazole and Suxamethonium. Prescribe Hypromellose 0.3% eye drops for patients on continuous infusions.