Pediatric Cardiac Medications & Dosages

Prehospital clinicians should consider patient age, diagnosis, transport time, clinician experience, and effectiveness of ongoing bag-valve-mask ventilation in considering whether to continue with bag-valve-mask ventilation versus proceeding to endotracheal intubation. Bag-valve-mask ventilation has been shown to be equivalent to endotracheal ventilation in pediatric patients in most situations with short transport times.

Atropine (Indication: Bradycardia)	**IV/IO**: 0.02 mg/kg Minimum dose: 0.1 mg MAX single dose: 0.5 mg (child) May repeat once
EPINEPHrine 1 mg/10 mL (Indication: Bradycardia)	**IV/IO**: 0.01 mg/kg (0.1 mL/kg) MAX single dose: 1 mg
EPINEPHrine 1 mg/10 mL (Indication: Asystole/Pulseless Arrest)	**IV/IO**: 0.01 mg/kg (0.1 mL/kg) MAX single dose: 1 mg Repeat every 3-5 minutes
Amiodarone (Indication: VF/VT)	**IV/IO:** 5 mg/kg bolus MAX single dose: 300 mg Can repeat in 3-5 minutes up to total dose of 15 mg/kg.
Sodium Bicarbonate (Indications: wide complex PEA suggesting hyperkalemia or sodium channel blocker overdose) Common sodium channel blockers include: tegretol, carbamazepine, TCAs, propranolol, and flecanide	**IV/IO**: 1 to 2 mEq/kg bolus MAX single dose: 50 mEq Repeat every 5 minutes until QRS duration is less than 120 msec
Magnesium (Indication: Torsades de Pointes, moderate/severe asthma)	**IV/IO**: 25-50 mg/kg MAX single dose: 2 g
Calcium Gluconate (Indication: Cardiac Arrest Suspected due to Hyperkalemia)	**IV/IO:** 60 mg/kg push over 1 minute MAX single dose: 3000 mg Repeat in 10 minutes

Synchronized Cardioversion: 0.5 - 1.0 J/kg (initial); 2 J/kg (subsequent)
Defibrillation: 2 J/kg (initial); 4 J/kg ; 6 J/kg; 10 J/kg (maximum)