Resuscitation Council UK

Paediatric emergency drug chart

GUIDELINES 2025

		Adrenaline	Fluid bolus	Glucose	Tracheal tube		Defibrillation*
					Uncuffed	Cuffed	
Strength		**1:10,000 (1 mg in 10 mL (100 mcg mL^{-1}))**	**Balanced isotonic crystalloid OR, 0.9% saline**	**10%**			
Dose		**10 mcg kg^{-1}**	**10 mL kg^{-1}**	**2 mL kg^{-1}**			**4 joules kg^{-1}**
Route		**IV, IO**	**IV, IO**	**IV, IO**			**Transthoracic**
Notes			**Consider warmed fluids**	**For known hypoglycaemia** Recheck glucose 5–10 min after dose and repeat as required		**Monitor cuff pressure**	**Monophasic or biphasic**
Age	**Weight kg**	**mL**	**mL**	**mL**	**ID mm**	**ID mm**	**Manual**
< 1 month	3.5	0.35	35	7	3.0	N/A	20
1 month	4	0.4	40	8	3.0–3.5	3.0	20
3 months	5	0.5	50	10	3.5	3.0	20
6 months	7	0.7	70	14	3.5	3.0	30
1 year	10	1.0	100	20	4.0	3.5	40
2 years	12	1.2	120	24	4.5	4.0	50
3 years	14	1.4	140	28	4.5–5.0	4.0–4.5	60
4 years	16	1.6	160	32	5.0	4.5	70
5 years	18	1.8	180	36	5.0–5.5	4.5–5.0	80
6 years	20	2.0	200	40	5.5	5.0	80
7 years	23	2.3	230	46	5.5–6.0	5.0–5.5	100
8 years	26	2.6	260	**50**	–	6.0–6.5	110
10 years	30	3.0	300	**50**	–	7.0	120
12 years	38	3.8	380	**50**	–	7–7.5	150
14 years	**50**	**5.0**	**500**	**50**	**–**	**7–8**	**150**
Adolescent	**50**	**5.0**	**500**	**50**	**–**	**7–8**	**150**
Adult	**70**	**10.0**	**500**	**50**	**–**	**7–8**	**150**

Cardioversion	Synchronised shock, 1.0 joules kg^{-1}, doubling the energy with each subsequent attempt up to a maximum of 4 J kg^{-1} if unsuccessful.			
Amiodarone	5 mg kg^{-1} IV/IO bolus (max 300 mg) in cardiac arrest after 3rd and 5th shocks. Flush with 0.9% saline or 5% glucose (over 60 min if child is NOT in cardiac arrest).			
Atropine	20 mcg kg^{-1} IV (max 600 mcg).			
Calcium gluconate 10%	Unstable arrhythmia due to hyperkalaemia 0.5 mL kg^{-1} IV over 5–10 min (max 30 mL), repeat after 5–10 min if ECG changes persist.			
Lorazepam	100 mcg kg^{-1} IV/IO (max 4 mg) for treatment of seizures. Can be repeated after 10 min.			
Adenosine	IV/IO for treatment of SVT. Requires a large saline flush and ECG monitoring.	**Neonate:** 150 mcg kg^{-1}, increase dose in steps of 50–100 mcg kg^{-1} every 1–2 min for repeat doses (max 300 mcg kg^{-1}).	**Infants > 1 month & children up to 17 years:** 0.1–0.2 mg kg^{-1} (100-200 mcg kg^{-1}). If SVT persists, give a 0.3 mg kg^{-1} (300 mcg kg^{-1}) (max. 12–18 mg) after at least 1 min.	
Anaphylaxis	Adrenaline 1:1000 IM. Can be repeated after 5 min. After 2 IM injections, treat as refractory anaphylaxis and start low-dose adrenaline infusion IV.	**< 6 months:** 100–150 mcg (0.1–0.15 mL)	**> 6 months–6 years:** 150 mcg (0.15 mL)	**> 6–12 years:** 300 mcg (0.3 mL)	**> 12 years:** 500 mcg (0.5 mL)

Weights averaged on lean body mass from 50th centile weights for males and females.

Drug doses based on Resuscitation Council UK Guidelines 2025 recommendations.

Recommendations for tracheal tubes are based on full-term neonates.

For newborns, glucose at 2 mL kg^{-1} is recommended.

*Defibrillation: Refractory VF/pVT post 5th shock Infant/child: Increase energy stepwise, up to a maximum of 8 J kg^{-1} (max 360 J). Adolescents: Increase energy to 360 J.

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