

Pediatric Trauma Protocols

Code Drugs: reference Broselow Tape (located in every ER)



Drug	Dosing	Notes
TRAUMATIC BRAIN INJURY HYPEROSMOLAR AGENTS		
Hypertonic Saline (3%)	Bolus (over 30 min): 6.5 to 10 mL/kg	- Monitor serum sodium Q6-8h
Mannitol	IV (one time dose): 0.25 to 1 g/kg infused over 20-30 minutes	- Contraindicated in severe renal impairment.
ANALGESICS		
Morphine	<ul style="list-style-type: none"> - ≤6 mo: 0.08 to 0.1 mg/kg/dose PO Q3-4h or 0.025-0.03 mg/kg IV/SubQ Q2-4h - >6 mo: <ul style="list-style-type: none"> - <50 kg: 0.2 to 0.5mg/kg PO Q3-4h or 0.05-0.2mg/kg IV Q2-4h or 0.01-0.04mg/kg/hr IV - ≥50 kg: 15- 20mg PO Q3-4h or 2-5mg IV Q2-4h or 1.5mg/hr IV 	<ul style="list-style-type: none"> - <3 months: more susceptible to respiratory depression - Renal impairment: titrate/caution
Fentanyl	<ul style="list-style-type: none"> - Infants: 1-2 mcg/kg IV Q2-4h - Children: 1-2 mcg/kg IV Q30-60 min - Adolescents: <ul style="list-style-type: none"> - <50 kg: 0.5-1 mcg/kg IV Q1-2h - ≥50 kg: 25-50 mcg IV Q1-2h 	- Renal adjustments at CrCl 50 mL/min
Hydromorphone	<ul style="list-style-type: none"> - Infants(> 6 mo & >10 kg): 0.03 - 0.06 mg/kg PO Q4h or 0.01- 0.015 mg/kg IV Q3-6h - Children and Adolescents: <ul style="list-style-type: none"> - <50 kg: 0.03-0.08mg/kg PO Q3-4h or 0.015mg/kg IV Q3-6h - ≥50 kg: 1-2mg PO Q3-4h or 0.2-0.6mg IV Q2-4h 	- Effectiveness: IV>PO
Hydrocodone	<ul style="list-style-type: none"> - Infants, Children, & Adolescents: <ul style="list-style-type: none"> - <50 kg: 0.1-0.2 mg/kg PO Q4-6h 	- Acetaminophen component (refer below)

	- ≥50 kg: 5-10mg PO Q4-6h	
Oxycodone	- ≤6 mo: 0.025-0.05mg/kg PO Q4-6h - >6 mo: - <50 kg: 0.1-0.2mg/kg PO Q4-6h (max: 10mg/dose) - ≥50 kg: 5-10mg PO Q4-6h	- Renal adjustments at CrCl 50 mL/min
Ibuprofen	- Infants, Children, & Adolescents: - <50 kg: 4-10mg/kg Q6-8h (max: 400mg/dose & 40mg/kg/day)	- Avoid in CrCl <30 mL/min
Acetaminophen	- Infants, Children, & Adolescents: 10-15mg/kg PO Q4-6h (max: 4,000mg/day &/or 5 doses) - <50kg: 12.5mg/kg IV Q4h or 15mg/kg IV Q6h (max: 3,750mg/day) - ≥50kg: 1,000mg IV Q6h or 650mg Q4h (max: 4,000mg/day)	- Caution in hepatic impairment
SEDATIVES		
*AVOID Propofol in infants and children for routine sedation		
Midazolam	- Infants, Children, & Adolescents: - Loading dose: 0.05-0.2mg/kg IV over 2-3 min - Continuous infusion: 0.06-0.12mg/kg/hr	
Ketamine	Infants, Children, & Adolescents: 4-5mg/kg IM as a single dose or 1-2mg/kg IV over 30-60 seconds or 5mg/kg PO 30-45 min prior to procedure	- ONLY use ≥3 months of age
DVT PROPHYLAXIS		
Enoxaparin	>15 y/o: 0.5mg/kg SubQ Q12h	- <15 y/o DVT prophylaxis NOT recommended unless ISS >25
STRESS ULCER PROPHYLAXIS		
Famotidine	1 to 2 mg/kg/day IV Q8-12h (max: 40 mg/day)	- Renal adjust at CrCl <50 mL/min
ANTIBIOTICS		
Cefazolin	- Mild-mod infection: IM/IV 25-100 mg/kg/day Q8h (max: 6g/day) - Severe infection: IM/IV 100-150 mg/kg/day Q6-8h (max: 12g/day)	- Renal adjust at CrCl <70 mL/min

Ceftriaxone	<ul style="list-style-type: none"> - Mild-mod infection: IM/IV 50-75 mg/kg/dose Qdaily (max: 1,000 mg/day) - Severe infection: IM/IV 100 mg/kg/day Q12-24hr (max: 4,000 mg/day) 	
Clindamycin	<ul style="list-style-type: none"> - Mild-mod infection: IM/IV 20 mg/kg/day Q6-8h (max: 1,800 mg/day) - Severe infection: IM/IV 40 mg/kg/day Q6-8h (max: 2,700 mg/day) 	<ul style="list-style-type: none"> - Alternative in patients with a penicillin allergy