CHEO PEDIATRIC DOSING CARD (P&T approved 15 December 2015)

Acetaminophen	10 – 15 mg/kg/dose **PO/PR** q4h PRN (maximum 75 mg/kg/day or 4000 mg/day) Neonate (0 – 3 months): 20 mg/kg/dose (MAX 60 mg/kg/day) q8h PRN Infants (3 – 12 months): 75 mg/kg/day q6h PRN Children (greater than 12 months): 75 mg/kg/day up to 4 g/day q4 – 6h PRN Adolescent (greater than 60 kg): 650 mg q4h or 975 mg q6h PRN (MAX 4 g/day) *Available as 80 mg chew & 325 mg tab, 80 mg/mL suspension, or 120, 325 & 650 mg suppository*
Celecoxib (CeleBREX®)	2 – 4 mg/kg/dose **PO** q12h (maximum 400 mg/day) *Available as 100 mg capsule or 10 mg/mL suspension*
DimenhyDRINATE (Gravol®)	0.5 – 1 mg/kg/dose **PO/PR/IV** q6h PRN (maximum 50 mg/dose or 5 mg/kg/day) *Available as 50 mg tablet, 3 mg/mL syrup, 25 & 50 mg suppository, or 50 mg/mL injection*
DiphenhydrAMINE (Benadryl®)	0.5 – 1 mg/kg/dose **PO/IV** q6h PRN (maximum 50 mg/dose or 5 mg/kg/day) *Available as 25 mg tablet, 2.5 mg/mL elixir, or 50 mg/mL injection*
Ibuprofen	5 – 10 mg/kg/dose **PO** q6 - 8h PRN (maximum 600 mg/dose or 40 mg/kg/day) *Available as 200, 300, or 600 mg tablet or 40 mg/mL suspension*
Ondansetron (Zofran®)	0.1 mg/kg/dose **PO/IV** q6H PRN **for either nausea or pruritus** (maximum 4 mg/dose) *Available as 4 mg tab, 4 mg rapid dissolving tab, 0.8 mg/mL solution($$$), or 2 mg/mL injection*
Polyethylene Glycol 3350 (PEG 3350)	0.5 – 1.5 g/kg/day **PO** once daily PRN (Maximum 17 g/day) *Available as powder for oral solution*

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HYDROmorphone* **(Dilaudid®)** Unit conversion: 1000 mcg = 1 mg *Consider laxative if opioids given regularly	10 – 20 *mcg*/kg/dose **IV** q2 – 4h PRN (usual maximum starting dose 600 *mcg = 0.6 mg*) If **greater than or equal to 50 kg**, usual starting dose 0.5 – 1 mg 30 – 80 *mcg*/kg/dose **PO** q3 – 4h PRN (usual maximum starting dose 2000 *mcg = 2 mg*) If **greater than or equal to 50 kg** usual starting dose: 1 – 2 mg for moderate pain (pain scores 5 – 6) 3 – 4 mg for severe pain (pain scores 7 – 10) *Available as 1 & 2 mg tab, 1 mg/mL syrup, or various strengths sustained release cap & injection*
Morphine* *Consider laxative if opioids given regularly	0.05 – 0.075 mg/kg/dose **IV/SC** q2 – 4h PRN (usual maximum starting dose 5 mg) If **greater than or equal to 50 kg**, usual starting dose 2.5 – 5 mg 0.2 – 0.3 mg/kg/dose **PO/PR** q3 – 4h PRN (usual maximum starting dose 15 mg) If **greater than 50 kg** usual starting dose: 5 – 10 mg for moderate pain (pain scores 5 – 6) 15 mg for severe pain (pain scores 7 – 10) *Available as 5 & 10 mg tablet, 1 mg/mL syrup, 5 & 10 mg suppository, or various strengths sustained release capsules & injection*

IV Opioid Monitoring Procedures for First Dose (See CHEO IV Manual)
Baseline *vital signs* including sedation score (LOC), heart rate, resp rate, bl pressure, oxygen saturation, & sedation & pain scores
Vital signs (above) repeated at **10 & 20 minutes after start** of IV direct. Monitor oxygen saturation continuously for **30 minutes** post dose
Procedures for Subsequent Dose(s): HR, RR, oxygen saturation, and sedation & pain scores repeated **once at 15 minutes** post dose