



Clinical Management Summary

EDcare : Handbook for Emergency Practice

Available from the Amazon Kindle Bookstore

Disclaimer

Medical knowledge is continually changing in response to research and clinical experience. The authors and peer reviewers have made every effort to ensure the information and drug doses meet with the current standards of medical practice. However, in view of the possibility of human error or changes in practice or local protocols, readers are advised to check the most current information contained provided on procedures or drugs with the manufacturer of each product and their local clinical guidelines to verify the recommended dose or formula, the method and duration of administration and contraindications.

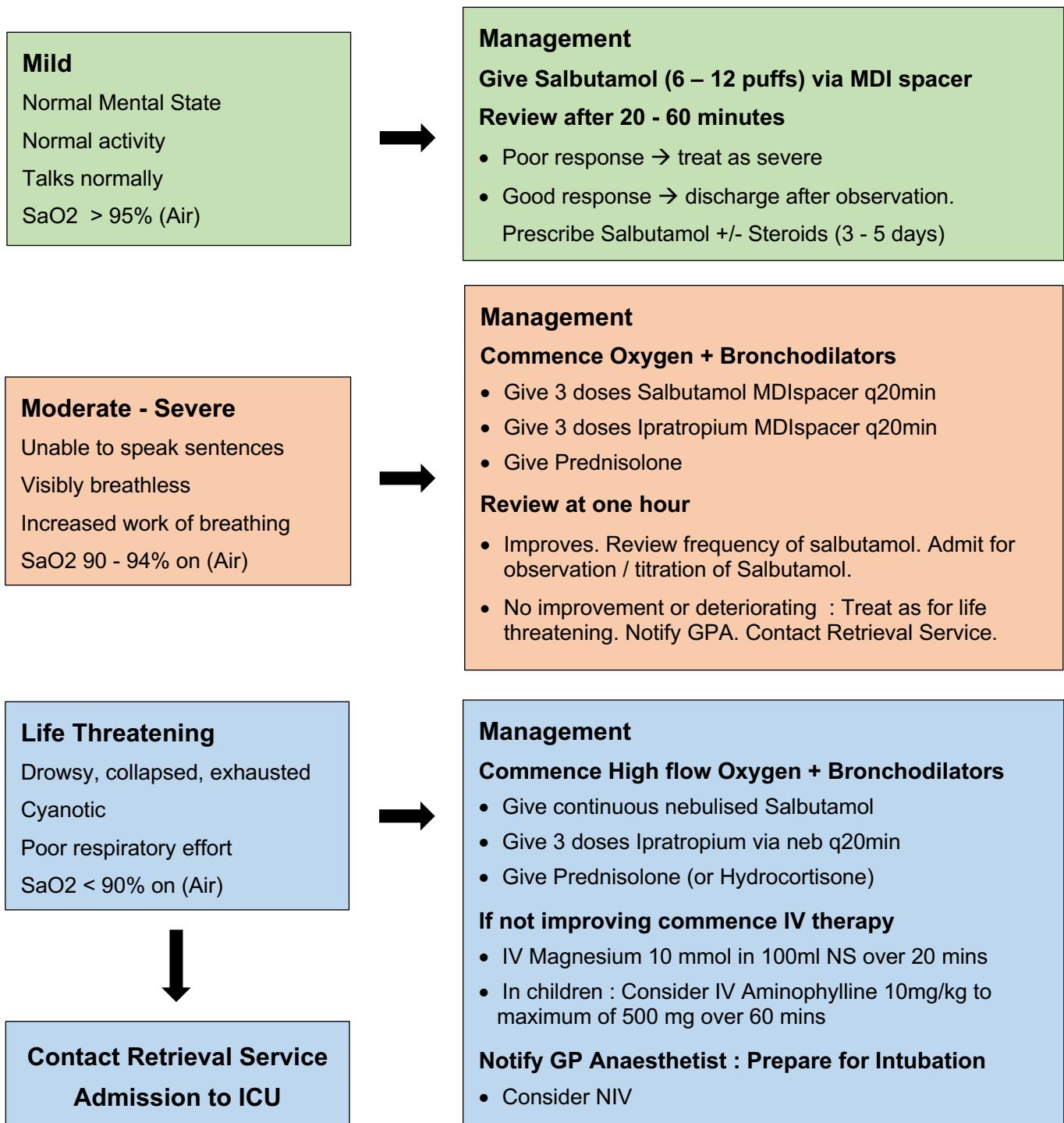
It is the responsibility of the individual clinician, based on their clinical experience and knowledge of each patient to make diagnoses, to determine drug doses and decide on the best treatment for an individual patient and to take all appropriate safety precautions. Neither the authors nor the publisher, assume any liability for any injury and/or damage to persons or property arising out of or related to any use of the material contained in this Clinical Management Summary.

Clinical Management Summary

Assessment / Management of Acute Asthma

Bronchodilator Doses	Adult / Child \geq 6 years	Child < 6 years
Salbutamol MDI spacer	12 puffs	6 puffs
Ipratropium MDI spacer	8 puffs	4 puffs
Salbutamol Nebulised	10 mg	5 mg
Ipratropium Nebulised	0.5 mg	0.25 mg

Prednisolone : 2mg/kg (to 50mg) first dose and then 1mg/kg (to 50 mg) for subsequent doses



Clinical Management Summary

Paediatric Infusions in Severe Asthma

PAEDIATRIC ACUTE ASTHMA : DRUG INFUSIONS

MAGNESIUM INFUSION

Paediatric dose = 0.1 – 0.2 mmol/kg

Add the Magnesium dose determined from the table below to 0.9%NS of 5% Glucose to a total of 50 ml.

Determine the appropriate dose (to be added to the bag of 0.9%NS or 5% Glucose) using the table below. Administer the dose over 20 mins.

For example in a 20kg child using the 0.1mmol/kg dose : Add 2 mmol to 50ml 0.9% NS and administer over 20 minutes.

WEIGHT (kg)	Dose/kg	3	6	8	10	12	14	16	18	20	22	24	28	32	36
MAGNESIUM DOSE (mmol)	0.1mmol/kg	0.3	0.6	0.8	1	1.2	1.4	1.6	1.8	2	2.2	2.4	2.8	3.2	3.6
	0.2mmol/kg	0.6	1.2	1.6	2	2.4	2.8	3.2	3.6	4	4.4	4.8	5.6	6.4	7.2

AMINOPHYLLINE INFUSION

Paediatric dose = 10mg/kg

Determine the appropriate dose using the table below and administer over 60 mins

Preparation and Delivery

Intravenous Aminophylline can be diluted with either 5% glucose or 0.9%NS. Remove 20 mls from a 500ml bag of 5% glucose or 0.9%NS and discard. Then add 500mg (20mLs) Aminophylline to the bag. This creates a solution of 1mg/ml.

For example in a 20 kg child, add 500mg of Aminophylline to a 500ml bag of 5%glucose or 0.9% NS. Administer 10mg/kg = 200mg (200 ml) over 60 minutes.

WEIGHT (kg)	Dose/kg	3	6	8	10	12	14	16	18	20	22	24	28	32	36
AMINOPHYLLINE DOSE (mg)	10mg/kg	30	60	80	100	120	140	160	180	200	220	240	280	320	360

Please Note : The table is a guide to drug dosing. It remains the clinician's responsibility to verify that the doses are appropriate to the patient before administering medications.