

Pediatric Drug Reference

2004 Edition

Dosages, Side Effects, and Drug Interactions

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Individual Drug Preparations

Abacavir (ABC, Ziagen); Antiretroviral, Nucleoside Analog Reverse Transcriptase Inhibitor; Soln: 20 mg/mL [240 mL]

Tab: 300 mg; ≥ 3 months-15 yrs: 8 mg/kg/day PO bid (max 600 mg/day)

≥ 16 yrs: 300 mg PO bid

Always use in combination with other antiretroviral agents. Fatal hypersensitivity reactions may occur; discontinue therapy immediately if reaction occurs. Symptoms may include skin rash, edema, lethargy, malaise, GI distress. May take with or without food.

Acetaminophen (Tylenol); Analgesic, Antipyretic; Cap: 325, 500 mg

Cap sprinkle: 80, 160 mg

Cplt: 160, 500 mg

Cplt ER: 650 mg

Drops per mL: 100 mg

Elixir per 5 mL: 80, 120, 160 mg

Soln per 15 mL: 500 mg

Supp: 80, 120, 300, 325, 650 mg

Susp per mL: 100 mg

Tab: 160, 325, 500 mg

Tab chew: 80, 160 mg; 10-20 mg/kg/dose PO/PR q4-6h prn

Max 80 mg/kg/day or 4 gm/day (whichever is smaller). Max adult dose 1000 mg. Overdose may result in hepatotoxicity unless treated with N-Acetylcysteine.

Acetylcysteine (Mucomyst); Antidote to Acetaminophen; Soln, 10%: 4, 10, 30 mL

Soln, 20%: 4, 10, 30, 100 mL; **Acetaminophen Overdose:** 140 mg/kg PO/NG x 1 dose, followed by 70 mg/kg PO/NG q4h x 17 doses; repeat dose if emesis occurs within 1 hr of administration.

Dilute solution to 5% with orange juice or carbonated beverage for oral administration. 10% soln = 100 mg/mL; 20% soln = 200 mg/mL.

Acyclovir (Zovirax); Antiviral; Cap: 200 mg

Inj: 500 mg, 1 gm

Oint: 5% [3, 15 gm]

Susp: 200 mg/5 mL

Tab: 400, 800 mg; **Herpes zoster (immunocompromised):** 500 mg/m²/dose PO 4-5 times daily or 1500 mg/m²/day IV q8h

Herpes zoster (immunocompetent): 80 mg/kg/day PO 5 times daily (max 4000 mg/day) or 30 mg/kg/day IV q8h

Varicella zoster (chicken pox): 80 mg/kg/day PO qid x 5 days (max 3200 mg/day)

Mucocutaneous HSV infection: 750 mg/m²/day IV q8h or 15 mg/kg/day IV q8h x 7 days.

Genital herpes or HSV (immunocompromised): 80 mg/kg/day PO 3-5 times daily (max 1000 mg/day)

Herpes encephalitis:

birth-12 yrs: 60 mg/kg/day IV q8h

>12 yrs: 30 mg/kg/day IV q8h

Infuse each IV dose over 1 hour. Adjust in renal impairment. Patients should be well hydrated to avoid urolithiasis.

Topical: Apply to affected area q3h while awake for 7 days. avoid

Adenosine (Adenocard); Antiarrhythmic; Inj: 3 mg/mL [2, 4 mL]; **Supraventricular tachycardia:** 0.1 mg/kg (max 6 mg) rapid IV push over 1-2 seconds; if not effective within 1-2 minutes, may repeat twice with 0.2 mg/kg (max 12 mg) rapid IV push. Follow each dose with normal saline flush.

Administration of doses <0.6 mg requires dilution.

Albendazole (Albenza); Anthelmintic; Tab: 200 mg; **Neurocysticercosis:** Patient should also receive appropriate corticosteroid and anticonvulsant therapy if indicated.

<60 kg: 15 mg/kg/day PO bid for 8-30 days, max 800 mg/day

≥ 60 kg: 400 mg PO bid for 8-30 days

Roundworm, hookworm, whipworm:

Children and adults: 400 mg PO x 1

For long-term therapy, monitor CBC and LFTs q2 weeks.

Albumin, human (Albuminar, Albumisol); Plasma Volume Expander; Inj: 5% [50, 250, 500, 1000 mL], 25% [20, 50, 100 mL]; **Hypoproteinemia:** 0.5-1 gm/kg/dose IV infused over 2-4h; may repeat q1-2 days; (25% concentration preferred, consider giving furosemide afterwards)

Hypovolemia: 0.5-1 gm/kg/dose IV infused over 10-60 minutes (5% concentration preferred, dose equals 10-20 mL/kg)

Contains sodium 130-160 mEq per liter.

Albuterol (Proventil, Ventolin, Volmax, Rotacaps); Bronchodilator, Beta-2 Adrenergic Agonist; MDI: 90 mcg/puff, 200 puffs/canister [17 gm]

Soln for nebulization: 0.5% (5 mg/mL) [20 mL]; 0.083% [3mL unit dose]

Soln for nebulization (AccuNeb): 0.63 mg/3 mL; 1.25 mg/3 mL

Syr: 2 mg/5 mL

Tab: 2, 4 mg

Tab ER: 4, 8 mg; **Inhalation:** 1-2 puffs q4-6h prn; spacers are recommended for young children.

Oral: 2-6 yrs: 0.1-0.2 mg/kg/dose tid (max 4 mg/day)

6-12 yrs: 2 mg/dose tid-qid or 4 mg ER bid

>12 yrs: 2-4 mg/dose tid-qid or 4-8 mg ER bid

Nebulizer: 0.01-0.05 cc/kg of 0.5% soln (min 0.1 cc, max 1 cc) in 2 cc NS or 0.15 - 0.25 mg/kg of 0.083% soln (0.83 mg/mL, max 5 mg) q4-6h prn.

AccuNeb: <12 yrs 0.63 - 1.25 mg neb q4-6h prn, ≥ 12 yrs 1.25 mg neb q 4-6h prn. Hospitalized patients may require more frequent dosing with higher concentrations of albuterol.

Tachycardia, hypokalemia, CNS stimulation.

Alclometasone (Aclovate); Corticosteroid; Cream, oint: 0.05% [15, 45 gm]; Apply sparingly to affected area 2-4 times daily.

Low-potency corticosteroid.

Allopurinol (Zyloprim); Hypouricemic; Tab: 100, 300 mg

Inj: 500 mg; **PO:** 10 mg/kg/day bid-tid (max 800 mg/day)

IV: ≤ 10 yrs: 200 mg/m²/day qd-tid (max 600 mg/day); >10 yrs: 200-400 mg/m²/day qd-tid (max 600 mg/day)

Adjust dose in renal impairment. May extemporaneously prepare suspension from tablets with 60-day stability at room temperature.

Alprostadil (Prostin VR); Prostaglandin E1; Inj: 500 mcg/mL [1 mL]; 0.01-0.1 mcg/kg/min continuous IV infusion
Used to temporarily maintain patency of ductus arteriosus in neonates with ductal-dependent congenital heart disease until surgery.

Amantadine (Symmetrel); Antiviral; Cap: 100 mg

Syr: 50 mg/5 mL

Tab: 100 mg; **Influenza A prophylaxis and treatment:**

1-9 yrs: 5 mg/kg/day PO qd-bid (max 150 mg/day)

10-12 yrs: 5 mg/kg/day PO qd-bid (max 200 mg/day)

>12 yrs: 100 mg PO bid or 200 mg/day PO qd

Dividing the daily dose bid may decrease the incidence of CNS side effects.

For prophylaxis, duration of therapy is 10 days following exposure. For treatment of influenza A, start therapy within 24-48 hrs of symptom onset and continue for 24-48 hrs after patient is asymptomatic (usual duration of therapy 2-5 days).

Side effects are common and include dizziness, confusion, and headache.

Amcinonide (Cyclocort); Corticosteroid; Cream: 0.1% [15, 30, 60 gm]

Lotion: 0.1% [20, 60 mL]

Oint: 0.1% [15, 30, 60 gm]; Apply sparingly to affected area 2 to 4 times daily.

High-potency corticosteroid.

Amikacin sulfate (Amikin); Antibacterial, Aminoglycoside; Inj: 50 mg/mL [2 mL], 250 mg/mL [2, 4 mL] ; **<5 yr (except neonates):** 22.5 mg/kg/day IV/IM q8h

5-10 yrs: 18 mg/kg/day IV/IM q8h

>10 yrs: 15 mg/kg/day IV/IM q8h

Infuse over 30 minutes. Therapeutic peak levels 20-30 mcg/mL and trough levels <8 mcg/mL. Adjust dose in renal impairment. Side effects include nephrotoxicity and ototoxicity.

Aminocaproic Acid (Amicar); Hemostatic Agent; Syr: 250 mg/mL

Tab: 500 mg

Inj: 250 mg/mL; **Loading dose:** 100-200 mg/kg PO/IV x 1

Maintenance dose: 100 mg/kg PO/IV q6h, max 30 gm/day

Continuous IV Infusion: 33.3 mg/kg/hr (or 1 gm/m²/hr), max 18 gm.m²/day

Aminophylline (Somophyllin, Truphylline); Bronchodilator; Inj: 25 mg/mL

Liq: 105 mg/5 mL

Tab: 100, 200 mg

Tab CR: 225 mg; **IV Loading dose:** 5-6 mg/kg IV over 20-30 minutes

Maintenance IV infusion: 1-6 mos: 0.5 mg/kg/hr

6-12 mos: 0.6-0.75 mg/kg/hr

12 mos-10 yrs: 1.0 mg/kg/hr

10-16 yrs: 0.75-0.9 mg/kg/hr

>16 yrs: 0.7 mg/kg/hr

Oral dose:

1-9 yrs: 16-19.2 mg/kg/day q6-12h

9-12 yrs: 12.8 mg/kg/day q6-12h

12-16 yrs: 10.4 mg/kg/day q6-12h

>16 yrs: 8 mg/kg/day q6-12h

Liq or tab: q6-8h; CR tab: q8-12h

Therapeutic Levels: 10-20 mcg/mL.

Aminophylline contains 80% theophylline.

Monitor serum levels and adjust dose as appropriate.

Amitriptyline (Elavil); Tricyclic Antidepressant; Tab: 10, 25, 50, 75, 100, 150 mg; **Depression:** 1-1.5 mg/kg/day PO qhs-tid (max 150 mg/day)

Chronic Pain: 0.1 mg/kg/day PO qhs, titrate as needed to 0.5-2 mg/kg/day PO qhs

Therapeutic Serum Levels: For amitriptyline plus nortriptyline (active metabolite) 100-250 ng/mL.

Anticholinergic side effects include urinary retention and sedation.

Ammonium Chloride (NH₄Cl); Metabolic Alkalosis Agent, Urinary Acidifying Agent; Inj: 5 mEq/mL; **Urinary acidification:**

75 mg/kg/day PO qid, max 6000 mg/day

Correction of hypochloremia:

mEq NH₄Cl = 0.3 L/kg x wt in kg x base excess (mEq/L); give 1/2 to 2/3 of calculated dose then reevaluate

Correction of refractory hypochloremic metabolic acidosis:

mEq NH₄Cl = 0.5 L/kg x wt in kg x [serum HCO₃ - 24] mEq/L; give 1/2 to 2/3 of calculated dose then reevaluate

May use injectable solution as an oral liquid.

Amoxicillin (Amoxil); Antibacterial, Penicillin ; Cap: 250, 500 mg

Drops: 50 mg/mL

Susp: 125 mg/5 mL, 250 mg/5 mL, 400 mg/5 mL

Tab: 500, 875 mg

Tab, chew: 125, 200, 250, 400 mg; 25-50 mg/kg/day PO bid-tid (max 500 mg/dose); doses as high as 80-90 mg/kg/day PO bid have been used to treat highly resistant strains of Strep pneumoniae

Anthrax (if penicillin susceptible):

80 mg/kg/day PO q8h to complete 60-day course, max 1500 mg/day

May cause diarrhea.

Amphotericin B (Fungizone); Antifungal; Inj: 50 mg; Test dose: 0.1 mg/kg (max 1 mg) IV over 60 min, followed by remainder of first day's dose. Initial dose: 0.25 mg/kg; increase by 0.25 mg/kg q1-2 days. Usual dose: 0.5-1 mg/kg/day; max daily dose 50 mg.

Infuse over 2-6 hours. Monitor closely for hypokalemia, hypomagnesemia, renal toxicity.

Amphotericin B cholesteryl (Amphotec); Antifungal; Inj: 50, 100 mg; 3-4 mg/kg/day IV over 3-4 hours

Infuse at 1 mg/kg/hr. Usual concentration is 0.6 mg/mL. The test dose (first dose only) is the first 10 mL of the dose infused over 15-30 minutes, then wait for 30 more minutes, then may infuse the remainder if no adverse reactions such as fever, nausea, tachypnea have occurred.

Amphotericin B lipid complex (Abelcet); Antifungal; Inj: 5 mg/mL [10, 20 mL]; 2.5-5 mg/kg IV qd.
Infuse over 1-2 hrs. Monitor serum potassium, magnesium, creatinine. Gently shake bag after two hours if drug is still infusing.

Amphotericin B liposomal (AmBisome); Antifungal; Inj: 50 mg; 3-5 mg/kg IV qd. Doses up to 6 mg/kg/day IV qd have been used to treat Aspergillosis. Infuse over 1-2 hrs. Monitor serum potassium, magnesium, creatinine.

Ampicillin (Omnipen, Principen); Antibacterial, Penicillin ; Cap: 250, 500 mg
Inj: 125, 250, 500, 1000, 2000 mg
Susp per 5 mL: 125, 250 mg; **Sepsis:** 100-200 mg/kg/day IV/IM q4-6h (max 12 gm/day)
Meningitis: 200-400 mg/kg/day IV/IM q4-6h (max 12 gm/day)
Oral: 50-100 mg/kg/day PO qid (max 2-3 gm/day)

Amprenavir (Agenerase); Antiretroviral, Protease Inhibitor; Cap: 50, 150 mg
Soln: 15 mg/mL; **Capsules:**
4-12 yrs (also 13-16 yrs if <50kg): 40 mg/kg/day PO bid or 45 mg/kg/day PO tid (max 2400 mg/day)
>12 yrs **AND** >50 kg: 1200 mg PO bid
Solution:
4-12 yrs (also 13-16 yrs if < 50 kg): 45 mg/kg/day PO bid or 51 mg/kg/day PO tid (max 2800 mg/day)
≥13 yrs **AND** ≥50 kg: 1400 mg PO bid
The solution is not interchangeable with the capsules on a mg per mg basis. Severe or life-threatening rash occurs in 1% of patients. May take with or without food.

Arginine (R-Gene); Metabolic Alkalosis Agent; Inj: 10% (0.475 mEq chloride/mL); **Hypochloremia:**
mEq = 0.2 x wt in kg x [103 - Cl] PO/IV
Cl = patient's chloride concentration in mEq/L
Give 1/2 to 2/3 calculated dose and re-evaluate. May give injectable solution orally.

Aspirin (Bayer, Ecotrin); Analgesic, Antipyretic, Anti-inflammatory Agent; Caplet, buffered: 325 mg
Supp: 120, 200, 300, 600 mg
Tab: 325, 500 mg
Tab buffered: 325, 500 mg
Tab chew: 81 mg
Tab CR: 800 mg
Tab DR: 81 mg
Tab EC: 81, 165, 325, 500, 650, 975 mg
Tab ER: 650 mg; **Kawasaki's Disease:** 80-100 mg/kg/day PO/PR q6h; once fever resolves, decrease dose to 3-5 mg/kg/day PO qd.
Analgesic and antipyretic: 10-15 mg/kg/dose PO/PR q4-6h prn (max 4 gm/day)
Anti-inflammatory: 60-90 mg/kg/day PO/PR q6h (max 4 gm/day).
Contraindicated in children with fever because of risk of Reye's Syndrome. May cause GI bleeding and tinnitus. Take with food.

Atenolol (Tenormin); Beta-Adrenergic Blocker; Tabs: 25, 50, 100 mg; 0.8 - 1 mg/kg/day PO qd
May titrate up if needed to 1.5 mg/kg/day (max 100 mg/day)
Extemporaneous suspension may be made with 40-day stability under refrigeration or at room temperature.

Atomoxetine (Strattera); Presynaptic Norepinephrine Transporter; Cap: 10, 18, 25, 40, 60 mg
ADHD:
≤70 kg: 0.5 mg/kg PO qam, may increase q3 days to a total of 1.2 mg/kg/day PO qd-bid (bid schedule is AM and later afternoon), max 100 mg/day
>70 kg: Initially 40 mg PO qd, may increase q3 days to 80-100 mg PO qd-bid (bid schedule is AM and later afternoon)
Not a controlled substance. May retard weight and height gain.

Attapulgite (Kaopectate); Antidiarrheal Agent; Caplet: 750 mg
Liquid: 600 mg/15 mL, 750 mg/15 mL
Tab: 600 mg
Oral: give after each bowel movement, maximum 7 days/24 hrs
3-6 yrs: 300-750 mg/dose, max 2250 mg/day
7-12 yrs: 600-1500 mg/dose, max 4500 mg/day
>12 yrs: 1200-3000 mg/dose, max 9000 mg/day

Atovaquone (Mepron); Antiprotozoal Agent; Susp: 750 mg/5 mL
1-3 mos: 30 mg/kg/day PO qd
4-24 mos: 45 mg/kg/day PO qd
>24 mos: 30 mg/kg/day PO qd, max 1500 mg/day
Administer with food or high-fat meal.

Atropine sulfate; Anticholinergic Agent; Inj per mL: 0.05, 0.1, 0.3, 0.4, 0.5, 0.8, 1.0 mg
Ophth oint: 1% [3.5 gm]
Ophth soln: 0.5% [5 mL], 1% [1, 2, 5, 15 mL], 2% [2 mL]
Bradycardia (IV/ET): 0.02 mg/kg (min 0.1 mg; max 0.5 mg in children and 1 mg in adolescents); for intratracheal administration, dilute with normal saline to total volume of 2 mL
Reserved use for patients unresponsive to improved oxygenation and epinephrine.
Ophthalmic: Instill 1-2 drops of soln prior to procedure.

Azathioprine (Imuran); Immunosuppressant Agent; Inj: 100 mg
Tab: 50 mg; Initial: 2-5 mg/kg/day PO/IV qd
Maintenance: 1-3 mg/kg/day PO/IV qd
Lupus nephritis: 2-3 mg/kg/day PO qd
Extemporaneous suspension can be made from crushed tablet with 60-day stability under refrigeration or at room temperature. Adjust dose in renal

impairment.

Azelastine (Astelin, Optivar); Antihistamine; Nasal spray: 137 mcg/spray [100 sprays]

Ophth soln: 0.05% [6 mL]; **Nasal:**

5-11 yrs: 1 spray in each nostril bid

≥12 yrs: 2 sprays in each nostril bid

Ophthalmic:

Instill one drop into each affected eye bid

Atracurium (Tracrium); Neuromuscular blocker, nondepolarizing; Inj: 10 mg/mL; ≤2 yrs: 0.3-0.4 mg/kg IV prn or 0.6-1.2 mg/kg/hr continuous IV infusion

>2 yrs: 0.4-0.5 mg/kg x 1 then 0.08-0.1 mg/kg IV prn or 0.4-0.8 mg/kg/hr continuous IV infusion

May reverse with neostigmine.

Azithromycin (Zithromax); Antibacterial, Macrolide ; Packet, oral: 1 gm

Susp per 5 mL: 100, 200 mg

Tab: 250, 500, 600 mg

Otitis Media: 5-day course

≥6 months: 10 mg/kg (max 500 mg) PO on day 1 followed by 5 mg/kg (max 250 mg) on days 2-5

Otitis Media: 3-day course

≥6 mos: 10 mg/kg PO qd x 3 days, max 500 mg/day

Otitis Media: Single-Dose Regimen

≥6 mos: 30 mg/kg PO x 1

Pharyngitis and Tonsillitis: ≥2 years: 12 mg/kg/day PO qd x 5 days (max 500 mg/day).

Uncomplicated Chlamydial Urethritis or Cervicitis >12 yrs: 10 mg/kg (max 1 gm) PO x 1

Aztreonam (Azactam); Antibacterial, Miscellaneous; Inj: 500, 1000, 2000 mg; 90-120 mg/kg/day IV/IM q6-8h (max 8 gm/day)

Serious Pseudomonal Infections: 200 mg/kg/day IV q6h (max 8 gm/day).

Adjust dose in renal impairment.

Bacitracin (Baciguent); Antibacterial ; Oint: 500 units/gm [0.9, 15, 30, 120, 454 gm]

Ophth oint: 500 units/gm [3.5 gm] ; **Topical:** Apply to the affected area 1-5 times daily

Ophth: Instill into lower conjunctival sac q3-4h

Baclofen (Lioresal); Skeletal Muscle Relaxant; Inj, intrathecal (preservative free): 005 mg/mL [1 mL], 0.5 mg/mL [20 mL], 2 mg/mL [5 mL]

Tab: 10, 20 mg; **Spasticity (Oral):**

2-7 yrs: 10-15 mg/day titrate dose q3days in increments of 5-15 mg/day (max 40 mg/day).

≥8 yrs: Titrate dose as above to maximum of 60 mg/day.

Extemporaneous suspension can be prepared with 60-day stability under refrigeration.

Intrathecal:

Screening dose: 50 mcg intrathecal x 1, observe for 4-8 hrs; if ineffective may try 75 mcg and then 100 mcg q24h.

If drug is effective, maintenance continuous infusions in the range of 100-300 mcg/day (children ≤12 yrs) and 300-800 mcg/day (>13 yrs) have been used.

Beclomethasone dipropionate (QVAR, Beconase, Vancenase, Beconase AQ, Vancenase AQ); Corticosteroid; MDI: 40 mcg/puff, 80 puffs/canister [6.7 gm] or 100 puffs/canister [7.3 gm] or 200 puffs/canister [16.8 gm]

MDI Double Strength: 80 mcg/puff, 40 puffs/canister [5.4 gm] or 100 puffs/canister [7.3 gm] or 120 puffs/canister [12.2 gm]

Nasal aerosol (Beconase/Vancenase): 42 mcg/puff, 80 puffs/canister [6.7 gm] or 200 puffs/canister [16.8gm]

Nasal aerosol, aqueous (Beconase AQ) : 42 mcg/puff, 200 puffs/canister [25 mL]

Nasal aerosol, aqueous: 84 mcg/puff, 120 puffs/canister [19 gm] mcg; **Inhalation:**

5-11 yrs: start with 40 mcg bid, may increase to 80 mcg bid

≥12 yrs: 40-80 mcg bid, may increase to max of 320 mcg bid

Rinse mouth with water after use to prevent oral candidiasis.

Nasal:

6-12 yrs: Beconase/Vancenase: 1 spray in each nostril tid; Beconase AQ: 1 spray in each nostril bid, may increase to 2 sprays bid; Vancenase

Pockethaler: 1 spray in each nostril tid; Vancenase AQ: 1-2 sprays in each nostril qd

>12 yrs: Beconase/Vancenase: 1 spray in each nostril bid-qid; Beconase AQ: 1-2 sprays in each nostril bid; Vancenase Pockethaler: 1 spray in each

nostril bid-qid; Vancenase AQ: 1-2 sprays in each nostril qd

The aqueous formulation is less likely to cause nosebleeds.

Benzoyl peroxide (Benzac, Desquam X, Persa-gel); Anti-acne; Bar: 5, 10%

Cleanser/Wash: 5%, 10% [85.1 gm]

Cream: 5% [18, 113.4 gm], 10% [28.3, 113.4 gm]

Gel: 2.5% [30, 42.5, 45, 57, 60, 90, 113 gm], 4% [42.5, 90 gm], 5% [42.5, 45, 56.7, 60, 90, 113.4 gm], 6% [42.5 gm], 10% [30, 42.5, 45, 60, 90 gm];

20% [30, 60 gm]

Liquid: 2.5% [240 mL], 5% [120, 150, 240 mL], 10% [120, 150, 240 mL]

Lotion: 5%, 10% [12, 25, 30, 50, 60 mL]; Apply topically to affected area qd-tid

May cause skin irritation and bleach clothing

Many products are available OTC.

Betamethasone dipropionate (Alphatrex, Diprosone); Corticosteroid; Aerosol, topical: 0. 1% [85 gm]

Cream, gel, oint: 0.05% [15, 45 gm]

Lotion: 0.05% [20, 30, 60 mL]; Apply topically to affected area qd-tid

Medium-potency corticosteroid.

Betamethasone valerate (Valisone); Corticosteroid; Cream: 0.01% [15, 60 gm], 0.05% [15, 45 gm], 0.1% [15, 45, 110, 430 gm]

Foam: 1.2 mg/gm [100 gm]

Lotion: 0.1% [20, 60 mL]

Oint: 0.1% [15, 45 gm]; Apply topically to affected area qd-tid

Medium-potency corticosteroid.

Bethanechol (Urecholine); Cholinergic Agent; Tab: 5, 10, 25, 50 mg; **GERD:**
0.1-0.2 mg/kg/dose qid (30-60 minutes prior to each meal and at bedtime), max 50 mg/dose

Abdominal distention or urinary retention:

0.6 mg/kg/day PO tid-qid, max 50 mg/dose
Extemporaneous suspension can be made with 60-day stability under refrigeration.

Bisacodyl (Dulcolax); Laxative, Stimulant ; Enema, susp: 10 mg/30 mL

Supp: 10 mg

Tab EC: 5 mg; **Rectal:**

2-11 yrs: 5-10 mg PR qd prn

≥12 yrs: 10 mg PR qd prn

Oral:

3-11 yrs: 5 mg PO qd prn

≥12 yrs: 5-15 mg PO qd prn

Do not crush or chew tabs. Contraindicated <2 yrs old.

Bismuth subsalicylate (Pepto-Bismol); Antidiarrheal; Cplt: 262 mg

Susp per 15mL: 130, 262, 524 mg

Tab, chew: 262 mg; All doses are PO. Doses may be repeated q1h to a maximum of 8 doses per day.

Diarrhea

3-6 yrs: 87 mg (½ tab)

6-9 yrs: 173 mg (¾ tab)

9-12 yrs: 262 mg (1 tab)

>12 yrs: 524 mg (2 tabs or caplets)

Helicobacter pylori-associated gastritis (in combination with ampicillin/tetracycline and metronidazole)

≤10 yrs: 262 mg qid x 6 wks

>10 yrs: 524 mg qid x 6 weeks

Prevention of traveler's diarrhea:

Adolescents: 524 mg before meals and at bedtime (qid) Caplets should be swallowed whole.

Bitolterol (Tornalate); Bronchodilator; MDI: 370 mcg/puff [300 puffs/15 mL]

Soln for neb: 0.2% [10, 30, 60 mL]; Approved for >12 yrs.

MDI: 2 puffs q8h, may increase to 3 puffs q6h or 2 puffs q4h.

Nebulizer: 0.5-1.5 mg (0.25-0.75 mL) q8h, may increase to max of 2 mg q6h.

Brompheniramine (Dimetapp); Antihistamine; Elix: 2 mg/5 mL

Tab: 4, 8 mg

Tab, SR: 12 mg; All doses are PO

<6 yrs: 0.125 mg/kg/dose q6h prn (max 8 mg/day).

6-12 yrs: 2-4 mg q6-8h prn (max 16 mg/day)

>12 yrs: 4-8 mg q4-6h prn or 12 mg SR bid (max 24 mg/day).

May cause drowsiness.

Budesonide (Pulmicort Respules, Pulmicort Turbohaler, Rhinocort, Rhinocort Aqua); Corticosteroid ; MDI: 200mcg/puff [200 puffs/canister]

Nasal spray (Rhinocort): 32 mcg/spray [200 sprays/7gm canister]

Nasal spray (Rhinocort Aqua): 32 mcg/spray [120 sprays/8.6 gm]

Susp for inh (Pulmicort Respules): 0.25 mg/2mL, 0.5 mg/2mL; **Inh Susp:**

1-8 yrs: 0.25 – 0.5 mg qd-bid

MDI:

≥6 yrs: 1-2 puffs BID

Adolescents: 1-4 puffs bid

Titrate to lowest possible dose once asthma is controlled. Not indicated for acute bronchospasm.

Nasal (Rhinocort):

>6yrs: 2 sprays in each nostril bid or 4 sprays in each nostril qAM

Nasal (Rhinocort Aqua):

6-12 yrs: 1 spray in each nostril qd, may increase to 2 sprays in each nostril qd.

≥12 yrs: 1 spray in each nostril qd, may increase to max 4 sprays in each nostril qd.

After symptoms decrease (usually by 3-7 days), reduce dose slowly every 2-4 weeks to the smallest effective dose

Bumetanide (Bumex); Diuretic, Loop; Inj: 0.25 mg/mL

Tab: 0.5, 1, 2 mg; 0.015-0.1 mg/kg/dose PO/IV/IM q6-24h (max 10 mg/day).

Caffeine, Citrated

(Cafcit); CNS Stimulant; Inj: 20 mg/mL [3 mL]

Powd: 1 kg

Soln: 20 mg/mL; **Apnea of Prematurity:** Loading dose 10-20 mg/kg PO, then maintenance dose 5-10 mg/kg/day PO qd-bid.

Therapeutic range: 10-20 mcg/mL Extemporaneously prepared suspension made from caffeine powder is stable for 3 months under refrigeration.

Calcitriol (Rocaltrol, Calcijex); Vitamin D Analog; Cap: 0.25, 0.5 mcg

Inj: 1 mcg/mL, 2 mcg/mL

Soln: 1 mcg/mL (15 mL); **Hypocalcemia in patients with chronic renal failure on hemodialysis:**

Children: 0.01 - 0.05 mcg/kg IV three times weekly or 0.25 - 2 mcg/day PO.

Hypoparathyroidism:

<1 yr: 0.04 - 0.08 mcg/kg PO qd

1 - 5 yrs: 0.25 - 0.75 mcg PO qd

>6 yrs: 0.5 - 2 mcg PO qd

Monitor serum calcium and phosphorus levels at least twice weekly at the onset of therapy and then weekly for 12 weeks and then monthly once stabilized on a dose.

Calcium carbonate (Oscal, Tums); Electrolyte Supplement; Cap: 1250 mg
Lozenge: 500 mg
Susp: 1250 mg/5 mL
Tab: 250, 500, 600, 650, 667, 1000, 1250, 1500 mg
Tab, chew: 350, 420, 500, 750, 850, 1000, 1250 mg; **RDA of elemental calcium:**
<6 months: 400 mg
6-12 months: 600 mg
1-10 yrs: 800 mg
>10 yrs: 1200 mg

Hypocalcemia: Children: 45-65 mg elemental calcium/kg/day PO q6h (max 2000 mg/day).

Calcium carbonate contains 40% elemental calcium by weight.

Calcium chloride; Electrolyte Supplement; Inj: 10% (100 mg/mL) [10 mL] ; **Hypocalcemia:** 10-20 mg/kg/dose IV

Hypocalcemia Secondary to Citrated Blood Transfusion: Give 0.45 mEq elemental calcium for each 100 mL of citrated blood.

10% injection contains 1.36 mEq calcium/mL.

Maximum infusion rate 80 mg/kg/hr. May not be given IM or SC.

Calcium glubionate (Neocalglucon, Calcionate); Electrolyte Supplement; Syr: 1.8 gm/5 mL; **Neonatal Hypocalcemia:** 1200 mg/kg/day PO q4-6h.

Children: 600-2000 mg/kg/day PO q6h (max 9 gm/day).

Calcium glubionate contains 6.4% elemental calcium by weight. Syrup contains 115 mg elemental calcium/mL and 1.2 mEq calcium/mL.

Calcium gluconate; Electrolyte Supplement; Inj: 10% (100 mg/mL) [10 mL]

Tab: 500, 650, 975 mg; **Cardiac arrest:** 50-100 mg/kg/dose IV (max 3 gm)

Hypocalcemia:

200-500 mg/kg/day IV as a continuous infusion or q6h

10% inj = 100 mg/mL = 0.465 mEq/mL

500-725 mg/kg/day PO tid-qid

Caspofungin (Cancidas); Antifungal; Inj: 50, 70 mg; Dose: 1-1.5 mg/kg IV q24h infused over one hour

Dose not well established in pediatrics. Usual adult max 50 mg

Captopril (Capoten); Angiotensin Converting Enzyme Inhibitor; Tab: 12.5, 25, 50, 100 mg; All doses are PO

Neonates: 0.05-0.1 mg/kg/day PO q8-24h

Infants: Initially 0.15-0.3 mg/kg/dose, titrate dose upward to max of 6 mg/kg/day q6-24h

Children: Initially 0.3-0.5 mg/kg/dose (max 12.5-25 mg), titrate dose upward to max of 6 mg/kg/day q6-24h

Adolescents: Initially 12.5-25 mg q8-12h, titrate dose upward by 25 mg/dose to max of 450 mg/day.

Extemporaneous suspension can be made with 30-day stability under refrigeration. Caution in renal failure. Can cause rash, proteinuria, persistent cough.

Carbamazepine (Tegretol); Anticonvulsant; Cap ER: 200, 300 mg

Susp: 100 mg/5 mL

Tab: 200 mg

Tab chew: 100 mg

Tab ER (Tegretol XR): 100, 200, 400 mg; **<6 yrs:** Initially 10-20 mg/kg/day PO q6-12h, dosage may be increased every 7 days up to 35 mg/kg/day.

6-12 yrs: Initially 100 mg PO bid or 10 mg/kg/day PO bid or 50 mg suspension PO qd. May increase by 100 mg/day at weekly intervals until optimal response and therapeutic levels are achieved. Usual maintenance range 15-30 mg/kg/day PO q6-12h (max 1000 mg/day).

>12 yrs: Initially 200 mg PO bid, increase by 200 mg/day at weekly intervals until therapeutic levels achieved, usual dose 800-1200 mg/day q6-8h (max 2400 mg/day)

ER tabs can be dosed bid; other products should be dosed tid-qid.

Therapeutic Range: 4-12 mcg/mL

Induces its own metabolism; therefore, upward titration of dose is necessary. Other anticonvulsants can alter levels. Neutropenia, aplastic anemia, thrombocytopenia; monitor CBC and serum levels.

Carbenicillin (Geocillin); Antibacterial, penicillin; Tab: 382 mg; 30-50 mg/kg/day PO q6h, max 3000 mg/day.

Cascara; Laxative; Liq: 120, 473 mL

Tab: 325 mg; Infants: 1.25 mL PO qd

2-11 yrs: 2.5 mL PO qd

≥12 yrs: 5 mL po qd

Carbamide Peroxide (Debrox); Cerumenolytic Agent; Otic soln: 6.5% [15, 30 mL]; Instill drops into the external ear canal. Keep drops in ear for several minutes by keeping head tilted or placing cotton in ear. Gently irrigate ear canal with warm water to remove loosed cerumen.

<12 yrs: 1-5 drops bid for up to 4 days

≥12 yrs: 5-10 drops bid for up to 4 days

Carnitine (Carnitor, Vitacarn); Nutritional Supplement; Cap: 250 mg

Inj: 200 mg/mL

Liq: 100 mg/mL

Tab: 330, 500 mg; **Carnitine deficiency:**

50 mg/kg IV x 1 then 50 mg/kg/day as a continuous IV infusion or divided IV q4-6h, may titrate up to max 300 mg/kg/day.

50-100 mg/kg/day PO bid-tid (max 3 gm/day)

Supplement to parenteral nutrition: 10-20 mg/kg/day IV in TPN solution

Cefaclor (Ceclor); Cephalosporin, 2nd generation; Cap: 250, 500 mg

Liq per 5 mL: 125, 187, 250, 375 mg

Tab, ER: 375, 500 mg; 20-40 mg/kg/day PO q8-12 (max 2 gm/day)

Adolescents: 250-500 mg PO q8h or 375 mg ER tab PO q12h

Side effects include serum sickness reaction. May dose bid for otitis media and pharyngitis.

Cefadroxil (Duricef); Cephalosporin, 1st generation; Cap: 500 mg

Liq per 5 mL: 250, 500 mg

Tab: 1 gm; 30 mg/kg/day PO bid (max 2 gm/day)
Administration with food may decrease nausea.

Cefazolin (Ancef, Kefzol); Cephalosporin, 1st generation; Inj: 500, 1000 mg; 50-100 mg/kg/day IV/IM q6-8h (max 6 gm/day)

Cefdinir (Omnicef); Cephalosporin, 3rd generation; Cap: 300 mg
Susp: 125 mg/5 mL; 6 mos-12 yrs: 14 mg/kg/day PO q12-24h (max 600 mg/day)
Adolescents: 300 mg PO bid or 600 mg PO qd.

Cefepime (Maxipime); Cephalosporin, 4th generation; Inj: 500 mg; 1, 2 gm.; 100 mg/kg/day IV/IM q12h (max 4 gm/day)
May use 150 mg/kg/day q8h (max 6 gm/day) in cystic fibrosis or immunocompromised patients.

Cefixime (Suprax); Cephalosporin, 3rd generation; Susp: 100 mg/5 mL
Tab: 400 mg; 8 mg/kg/day PO qd-bid (max 400 mg/day)
Suspension results in higher blood levels than tablets; use suspension for otitis media.

Cefoperazone (Cefobid); Cephalosporin, 3rd generation; Inj: 1, 2 gm; 100-150 mg/kg/day IV/IM q8-12h (max 12 gm/day)
Excreted primarily in the bile; disulfiram-like reaction with alcohol is possible.

Cefotaxime (Claforan); Cephalosporin, 3rd generation; Inj: 0.5, 1, 2 gm; 100-200 mg/kg/day IV/IM q6-8h (max 12 gm/day)
For meningitis, use 200 mg/kg/day IV q6h.

Cefotetan (Cefotan); Cephalosporin, 2nd generation; Inj: 1, 2 gm; 40-80 mg/kg/day IV/IM q12h (max 6 gm/day)
Provides good anaerobic coverage.

Cefoxitin (Mefoxin); Cephalosporin, 2nd generation; Inj: 1, 2 gm; **Mild-moderate infection:** 80-100 mg/kg/day IV/IM q6-8h (max 12 gm/day)
Severe infection: 100-160 mg/kg/day IV/IM q4-6h (max 12 gm/day).
Good anaerobic coverage.

Cefpodoxime (Vantin); Cephalosporin, 3rd generation; Susp per 5 mL: 50, 100 mg
Tab: 100, 200 mg; 6 mos-12 yrs: 10 mg/kg/day PO bid (max 800 mg/day)
>12 yrs: 100-400 mg/day PO bid
Uncomplicated gonorrhea: 200 mg PO x 1

Cefprozil (Cefzil); Cephalosporin, 2nd generation; Susp per 5 mL: 125, 250 mg
Tab: 250, 500 mg; 30 mg/kg/day PO bid (max 1000 mg/day)

Ceftazidime (Ceptaz, Fortaz, Tazicef, Tazidime); Cephalosporin, 3rd generation; Inj: 0.5, 1, 2 gm; 100-150 mg/kg/day IV/IM q8h (max 6 gm/day)
Good anti-pseudomonal activity.

Ceftibuten (Cedax); Cephalosporin, 3rd generation; Cap: 400 mg
Susp per 5 mL: 90, 180 mg; 9 mg/kg/day PO qd (max 400 mg/day)
Take on an empty stomach (one hour before or two hours after a meal).

Ceftizoxime (Cefizox); Cephalosporin, 3rd generation; Inj: 0.5, 1, 2 gm; 150-200 mg/kg/day IV/IM q6-8h (max 12 gm/day)

Ceftriaxone (Rocephin); Cephalosporin, 3rd generation; Inj: 250, 500 mg; 1, 2 gm; 50-100 mg/kg/day IV/IM q12-24h (max 4 gm/day)
Use 100 mg/kg/day for meningitis;
Long half-life. May be reconstituted with 1% lidocaine for IM administration

Cefuroxime axetil (Ceftin); Cephalosporin, 2nd generation; Susp per 5 mL: 125, 250 mg
Tab: 125, 250, 500 mg; **Otitis media:**
Suspension: 30 mg/kg/day PO bid (max 1 gm/day)
Tab: 250 mg PO bid
Pharyngitis, tonsillitis:
Suspension: 20 mg/kg/day PO bid (max 500 mg/day)
Tab: ≥3 mos-12 yrs: 125 mg PO bid; >12 yrs: 250-500 mg PO bid
Suspension and tablets are not bioequivalent. Higher mg doses of the suspension are needed. Crushed tablets are very bitter and not very palatable.

Cefuroxime sodium (Kefurox, Zinacef); Cephalosporin, 2nd generation; Inj: 750 mg, 1.5 gm; 75-150 mg/kg/day IV/IM q8h (max 6 gm/day)
Poor CNS penetration; contraindicated for meningitis.

Cephalexin (Keflex, Keftab); Cephalosporin, 1st generation; Cap: 250, 500 mg
Susp per 5 mL: 125, 250 mg
Tab: 250, 500 mg; 25-100 mg/kg/day PO q6h (max 4 gm/day)

Cephalothin (Keflin); Cephalosporin, 1st generation; Inj: 1, 2 gm; 80-150 mg/kg/day IM/IV q4-6h (max 12 gm/day)

Cephradine (Velosef); Cephalosporin, 1st generation; Cap: 250, 500 mg
Susp: 250 mg/5 mL; 25-100 mg/kg/day PO bid-qid (max 4 gm/day)
For otitis media, use 75-100 mg/kg/day PO qid

Cetirizine (Zyrtec); Antihistamine; Tab: 5, 10 mg
Syr: 1 mg/mL; 2-5 yrs: 2.5 mg PO qd
≥6 yrs: 5-10 mg PO qd.

Charcoal, activated (Actidose, CharcoAid); Adsorbent; **With sorbitol**
Liq: 25 gm [120 mL], 50 gm [240 mL]
Susp: 15 gm [120 mL], 30 gm [150 mL]
Aqueous (without sorbitol)

Liq: 12.5 gm [60 mL], 15 gm [75 mL], 25 gm [120 mL], 50 gm [240 mL]; 1 gm/kg/dose (max 50 gm) PO/NG. First dose should be given using product containing sorbitol as a cathartic. Repeat doses may be advised for enterohepatically excreted agents.

Chloral hydrate (C-IV) (Noctec); Sedative/hypnotic; Cap: 500 mg

Supp: 325, 650 mg

Syr: 100 mg/mL; 25-100 mg/kg/dose PO/PR (max 1.5 gm/dose); give 30 min before procedure.

Chloramphenicol (Chloromycetin); Antibacterial; Cap: 250 mg

Inj: 1 gm; **Meningitis:** 75-100 mg/kg/day IV/PO q6h (max 4 gm/day)

Other infections: 50-75 mg/kg/day IV/PO q6-8h (max 4gm/day)

Therapeutic Serum Levels: Peak 10-20 mcg/mL; trough 5-10 mcg/mL.

Not recommended for neonates because of risk of "gray baby syndrome." Not a first-line agent due to risk of aplastic anemia and bone marrow suppression.

Chlorhexidine (Peridex, PerioGard); Antiseptic; Rinse, dental: 0.12% [480 mL]; 5-15 mL swish for 30 sec and spit out bid

May discolor teeth. Use after toothbrushing. Do not eat for 2-3 hours after using.

Chlorothiazide (Diuril); Diuretic, Thiazide; Inj: 500 mg

Susp: 250 mg/5 mL

Tab: 250, 500 mg; 20-40 mg/kg/day PO bid, max 375 mg/day

2-8 mg/kg/day IV bid, max 500 mg/day

Poor oral absorption; therefore, oral dose is significantly higher (mg/kg basis) than IV dose.

Chlorpheniramine (Chlor-Trimeton); Antihistamine; Cap, SR: 8, 12 mg

Syr: 2 mg/5 mL

Tab: 4 mg

Tab, chew: 2 mg

Tab, TR: 8, 12 mg; All doses are PO

<2 yrs: 0.35 mg/kg/day q4-6h prn

2- 5 yrs: 1 mg q4-6h prn

6 -12 yrs: 2 mg q4-6h prn (max 12 mg/day)

>12 yrs: 4 mg q4-6h prn or TR 8-12 mg bid (max 24 mg/day).

May cause drowsiness.

Chlorpromazine (Thorazine); Phenothiazine; Cap SR: 30, 75, 150 mg

Inj: 25 mg/mL

Oral conc per mL: 30, 100 mg

Supp: 25, 100 mg

Syr: 10 mg/5 mL

Tab: 10, 25, 50, 100, 200 mg

Nausea/vomiting:

PO: 0.5-1 mg/kg/dose q4-6h

PR: 1 mg/kg/dose q6-8h

IM/IV: 0.5-1 mg/kg/dose q6-8h

Psychosis:

0.5-1 mg/kg/dose PO q4-6h; older children may require 200 mg/day

0.5-1 mg/kg/dose IM/IV q6-8h

Maximum single dose is 50 mg.

Cholestyramine (Questran); Antilipemic Agent; Powder for oral susp: 4 gm resin/packet; 240 mg/kg/day PO tid

Hypercholesterolemia:

≤10 yrs: 1/2 packet PO qd, titrate based on efficacy and tolerance to max 4 gm/day

>10 yrs: 1/2 packet PO qd, titrate based on efficacy and tolerance to max 4gm PO bid

Choline magnesium trisalicylate (Trilisate, Tricosal); Analgesic, Anti-inflammatory, Salicylate; **Doses expressed as total salicylate**

Liq: 500 mg/5mL

Tab: 500, 750, 1000 mg; **Dose based on total salicylate content:**

30-60 mg/kg/day PO tid-qid (max 4500 mg/day)

Do not use if salicylates are contraindicated. Does not inhibit platelet aggregation.

Cimetidine (Tagamet); Histamine-2 Antagonist; Inj: 150 mg/mL

Soln: 60 mg/mL

Tab: 200, 300, 400, 800 mg; 20-40 mg/kg/day PO/IV/IM q6h (max 2400 mg/day)

Adolescents:

Ulcer Treatment: 300 mg IV q6h or 300 mg PO qid or 400 mg PO bid or 800 mg PO qhs

Ulcer prophylaxis: 400-800 mg PO qhs

GERD: 400 mg PO q6h or 800 mg PO q12h

May put the daily dose into TPN. 200 mg tablets are available OTC. Adjust dose for renal impairment.

Choline magnesium trisalicylate (Trilisate, Tricosal); Analgesic, Anti-inflammatory, Salicylate; **Doses expressed as total salicylate**

Liq: 500 mg/5mL

Tab: 500, 750, 1000 mg; **Dose based on total salicylate content:**

30-60 mg/kg/day PO tid-qid (max 4500 mg/day)

Do not use if salicylates are contraindicated. Does not inhibit platelet aggregation.

Cimetidine (Tagamet); Histamine-2 Antagonist; Inj: 150 mg/mL

Soln: 60 mg/mL

Tab: 100, 200, 300, 400, 800 mg; 20-40 mg/kg/day IV/PO q6h (max 2400 mg/day)

May put the daily dose into TPN. 100 mg tablets are available OTC.

Ciprofloxacin (Cipro, Ciloxan); Antibacterial, Quinolone; Inj: 200, 400 mg

Ophth oint: 0.3% [3.5 gm]

Ophth soln: 3 mg/mL [2.5, 5, 10 mL]

Susp per 5 mL: 50, 100 mg

Tab: 100, 250, 500, 750 mg; **PO:** 20-30 mg/kg/day bid, may use 40 mg/kg/day bid in cystic fibrosis (max 1500 mg/day)

IV: 20-30 mg/kg/day bid, max 800 mg/day; in cystic fibrosis use 30 mg/kg/day, max 1200 mg/day

Anthrax Treatment:

20-30 mg/kg/day IV q12h x 60 days, max 1000 mg/day; substitute oral for intravenous (same dose) as soon as clinical condition improves

Anthrax Post-exposure Prophylaxis:

20 mg/kg/day PO q12h x 60 days, max 1000 mg/day

Ophth: Instill 1-2 drops in affected eye(s) q2h while awake for 2 days then 1-2 drops q4h while awake for 5 more days OR apply ointment tid x 2 days then bid x 5 days

Not recommended for use in <18 years because of risk of arthropathy unless benefit outweighs risk. Reduce dosage in renal impairment.

Cisapride (Propulsid); Prokinetic agent; Susp: 1 mg/mL

Tab, scored: 10, 20 mg; 0.15-0.3 mg/kg/dose PO tid-qid (max 10 mg/dose).

Only available via limited-access protocol: Contact Janssen Pharmaceuticals at 1-800-Janssen. 12-lead EKG measuring QTc intervals must be done for all patients before initiating therapy. Absolutely contraindicated with ketoconazole, fluconazole, erythromycin, and clarithromycin due to rare, fatal arrhythmias.

Clarithromycin (Biaxin); Antibacterial, Macrolide; Susp: 125 mg/5 mL, 250 mg/5 mL

Tab: 250, 500 mg

Tab, ER: 500 mg; 15 mg/kg/day PO bid (max 1 gm/day)

HIV and disseminated MAC: 30 mg/kg/day PO bid

Adolescents: 1000 mg (two 500 mg ER tabs) PO qd

Clindamycin (Cleocin); Antibacterial; Cap: 75, 150, 300 mg

Gel: 1% [30, 42, 60, 77 gm]

Granules for oral susp: 75 mg/5 mL

Inj: 150 mg/mL

Lotion: 10 mg/mL [60 mL]

Soln, top: 10 mg/mL [30, 60 mL]

Vaginal cream: 1% [30, 60 gm]

Vaginal supp: 100 mg [3's]; **PO:** 10-30 mg/kg/day q6-8h (max 1800 mg/day)

IV/IM: 25-40 mg/kg/day q6-8h (max 4800 mg/day)

Topical: Apply to affected area bid

Vaginal cream: one applicatorful inserted vaginally qhs x 7 nights

Vaginal supp: 100 mg inserted vaginally qhs x 3 nights

Clobetasol (Temovate); Corticosteroid; Cream, oint: 0.05% [15, 30, 45 gm]; Apply to affected area 2-4 times daily.

Very high-potency corticosteroid.

Clonazepam (Klonopin)

C-IV; Benzodiazepine; Tab: 0.5, 1, 2 mg; <10 yrs or < 30 kg: 0.01-0.03 mg/kg/day PO bid-tid, increase by no more than 0.5 mg/day q3days until seizures are controlled or adverse effects seen; usual maintenance dose 0.1-0.2 mg/kg/day tid

≥10 yrs **AND** >30 kg: 0.5 mg PO tid, increase by 0.5-1mg/day q3days until seizures are controlled or adverse effects seen; usual maintenance 0.05-0.2 mg/kg/day

Tablets may be broken in half or quarters.

Therapeutic Serum Level: 20-80 ng/mL

Potentiates CNS depressant effects of other drugs. Extemporaneously prepared solution may be made from the crushed tablets with 60- day stability under refrigeration.

Clonidine (Catapres); Alpha-adrenergic Agonist; Tab: 0.1, 0.2, 0.3 mg

Transdermal patches:

TTS-1 (0.1 mg/day released)

TTS-2 (0.2 mg/day released)

TTS-3 (0.3 mg/day released); **Attention Deficit Disorder:** Initially 0.05 mg/day PO qAM. Increase q3-7 days by 0.05 mg/day to 3-5 mcg/kg/day PO tid-qid (max 0.4 mg/day); monitor blood pressure.

Hypertension: Initially 5-10 mcg/kg/day PO bid-tid (max 0.2 mg/day), increase gradually to 5-25 mcg/kg/day PO tid-qid (max 0.9 mg/day).

Stable patients may be switched to the transdermal patches applied once weekly at the equivalent oral dose.

Clorazepate (C-IV) (Tranxene); Benzodiazepine; Tab: 3.75, 7.5, 15 mg

Tab, ER: 11.25, 22.5 mg; **9-12 yrs:** 3.75-7.5 mg PO bid, increase dose by 3.75 mg at weekly intervals to max 60 mg/day bid-tid as needed or 0.3 mg/kg/day PO bid and increase to maintenance 0.5-3 mg/kg/day PO bid-qid

>12 yrs: Initially up to 7.5 mg/dose PO bid-tid; increase by 7.5 mg at weekly intervals, usual dose 0.5-1 mg/kg/day (max 90 mg/day).

Therapeutic range: 0.12-1 mcg/mL

Clotrimazole (Lotrimin, Mycelex); Antifungal; Cream: 1%: [12, 15, 24, 30, 45 gm]

Cream, vaginal: 1% [45 gm], 2% [21 gm]

Lotion: 1% [20, 30 mL]

Soln, top: 1% [10, 30 mL]

Tab, vaginal: 100, 200 mg

Troches: 10 mg; **Topical:** >3 yrs: Apply to affected area bid

Vaginal (>12 yrs):

Insert one applicatorful of vaginal cream or a 100 mg vaginal tablet intravaginally qhs for 7 days or 200 mg vaginal tablet intravaginally qhs x 2 days

The vaginal cream and the 100 mg and 200 mg vaginal tablets are available OTC.

Oral: >3 yrs: Dissolve 1 troche in mouth 5 times daily. Not effective for systemic infections.

Codeine phosphate (C-II); Opioid Narcotic; Inj: 15, 30 mg/mL

Soln: 15 mg/5mL
Tab: 30, 60 mg; **Analgesic/Antitussive:**
0.5-1 mg/kg/dose SC/IM/PO q4-6h (max 60 mg/dose)
May give the injectable form orally.

Codeine sulfate (C-II); Opioid Narcotic; Tab: 15, 30, 60 mg; **Analgesic:** 0.5-1 mg/kg/dose PO q4-6h (max 60 mg/dose)
Antitussive: ≥ 2 yrs: 1-1.5 mg/kg/day PO q4-6h prn

Corticotropin (Acthar, ACTH); Adrenocortical Steroid; Inj: 80 units/mL [5 mL]; **Infantile spasms:** 20 units/day IM qd; if patient responds taper and discontinue over a 1-week period; if patient does not respond, increase dose to 30 units/day IM qd x 4 weeks

Cromolyn sodium (Intal, Opticrom, Nasalcrom, Gastrocrom); Antiallergic Agent; MDI: 800 mcg/puff, 112 puffs/canister [8.1 gm]; 800 mcg/puff, 200 puffs/canister [14.2 gm]
Nasal Soln: 5.2 mg/puff, 100 puffs/bottle [13 mL]; 52 mcg/puff, 200 puffs/bottle [26 mL]
Nebulizer soln: 20 mg/2 mL
Ophth soln: 4% [2.5, 10, 15 mL]
Soln, oral: 100 mg/5 mL; **Inh:** 5-12 yrs: 2 puffs inhaled qid, >12 yrs: 2 puffs inhaled qid, may increase to 4 puffs qid
Neb: ≥ 2 yrs: 20 mg q6h
Used as a preventative measure in stable asthma; can cause cough and bronchospasm.
Ophth: >4 yrs: Instill 1-2 drops in eye q4-6h
Nasal: ≥ 2 yrs: 1 puff in each nostril 3-6 times daily; maximum effects may not be seen for 1-2 weeks
Oral: 2-12 yrs: 100 mg PO qid (30 min before meals and qhs), max 40 mg/kg/day.
 >12 yrs: 200 mg PO qid

Crotamiton (Eurax); Scabicide; Cream: 10% [60 gm]
Lotion: 10% [60 mL]; Apply qd x 2 days followed by cleansing bath 48 hours after last application. Thoroughly rub into skin of whole body from chin down.
Change clothing and bed linen the following morning.

Cyclosporine (Sandimmune, Neoral, SangCya); Immunosuppressant Agent; **Sandimmune**
Cap: 25, 50, 100 mg
Inj: 50 mg/mL [5 mL]
Soln: 100 mg/mL
SangCya
Soln: 100 mg/mL
Neoral (microemulsion)
Cap: 25, 100 mg
Soln: 100 mg/mL; **IV:** 5-6 mg/kg administered 4-12h prior to organ transplantation, followed by 2-10 mg/kg/day q8-24h.
Oral: 14-18 mg/kg administered 4-12h prior to organ transplantation, followed by 5-15 mg/kg/day q12-24h. Taper dosage to 3-10 mg/kg/day q12-24h.
Monitor serum levels; therapeutic range depends on which organ transplanted and which assay used. An initial 1:1 conversion from Sandimmune/SangCya to Neoral is recommended, but lower doses of the microemulsion dosage form may be required.

Cyproheptadine (Periactin); Antihistamine; Syr: 2 mg/5 mL
Tab: 4 mg; 2-6 yrs: 2 mg PO q8-12h (max 12 mg/day)
 >6 yrs: 4 mg PO q8-12h (max 16 mg/day)

Dantrolene sodium (Dantrium); Muscle Relaxant; Cap: 25, 50, 100 mg
Inj: 20 mg; **Spasticity (oral):** 1 mg/kg/day bid initially; may increase by 0.5 mg/kg/day q4-7 days to max 3 mg/kg/day bid-qid (max 400 mg/day)
Malignant Hyperthermia prophylaxis: 4-8 mg/kg/day PO q6h given 1-2 days prior to surgery and continued for 3 days after surgery
Malignant Hyperthermia treatment: 1 mg/kg IV prn, max 10 mg/kg total cumulative dose
Monitor liver function tests

Dapsone (Avlosulfon); Leprostatic Agent; Tab: 25, 100 mg; **PCP Prophylaxis:** ≥ 4 wks: 2 mg/kg/day PO qd (max 100 mg/day) or 4 mg/kg PO q week (max 200 mg/dose)

Deferoxamine (Desferal); Antidote - Iron, Chelator; Inj: 500 mg; **Acute Iron Intoxication:** 15 mg/kg/hr IV (max 6 gm/day) or 50 mg/kg/dose IM q6h (max 6gm/day)
Chronic Iron Overload: 15 mg/kg/hr continuous IV infusion x 48-72 hr (max 12 gm/day) or 20-50 mg/kg/day SC over 8-12h using an infusion pump (max 2 gm/day)

Delavirdine (DLV, Rescriptor); Antiretroviral, Non-nucleoside Analog Reverse Transcriptase Inhibitor; Tab: 100 mg; >13 yrs: 400 mg PO q8h
Side effects include rash, fever, and headache. Oral solution can be made by dissolving 4 tablets in at least three ounces of water. Must be taken one hour apart from antacids and didanosine.

Desipramine (Norpramin); Tricyclic Antidepressant; Tab: 10, 25, 50, 75, 100, 150 mg; 6-12 yrs: 1-3 mg/kg/day PO qhs-tid, max 5 mg/kg/day
 >12 yrs: Initially 25-50 mg/day PO qhs-tid; gradually increase to max of 150 mg/day
Therapeutic Range: 150-300 mg/mL
Anticholinergic side effects include dry mouth, blurred vision, tachycardia.

Desloratidine (Clarinex); Antihistamine ; Tab: 5 mg
Tab, rapidly disintegrating: 5 mg; ≥ 12 yrs: 5 mg PO qd
Rapidly disintegrating tablet dissolves on the tongue without water.

Desmopressin (DDAVP, Stimate); Pituitary Hormone; Inj: 4 mcg/mL
Nasal soln, 0.1 mg/mL: 5 mL pump bottle (contains 50 doses of 10 mcg)
Nasal soln, 1.5 mg/mL (Stimate): 2.5 mL pump bottle (contains 25 doses of 150 mcg)
Rhinal tube delivery system: 2.5 mL vial with applicator tubes [0.1 mg/mL]
Tab: 0.1, 0.2 mg; **Diabetes Insipidus:**
Oral: ≤ 12 yrs: 0.05 mg bid, titrate to desired response, range 0.1-0.8 mg/day; >12 yrs: start with 0.05 mg bid and titrate to response, range 0.1-1.2

mg/day bid-tid

Intranasal: ≥ 3 mos-12 yrs: 5 mcg/day q12-24h (range 5-30 mcg/day); >12 yrs: 5-40 mcg/day q8-24h

Must use rhinal tube for doses other than 10 mcg.

IV/SC: 1/10th of the maintenance intranasal dose or if >12 years start with 2-4 mcg/day q12-24h

Titrate dose to achieve control of excessive thirst and urination.

Hemophilia: >3 mos: 0.3 mcg/kg IV over 30 minutes

Nocturnal Enuresis: ≥ 6 yrs: 20 mcg intranasal qhs (range 10-40 mcg) or 0.2-0.6 mg/day PO qhs

Divide intranasal doses between the two nostrils.

Desonide (Desowen, Tridesilon); Corticosteroid; Cream, oint: 0.05% [15, 60 gm]

Lotion: 0.05% [60, 120 mL]; Apply to affected area 2-4 times daily.

Low-potency corticosteroid.

Desoximetasone (Topicort); Corticosteroid; Cream: 0.05% [15, 60 gm]

Cream: 0.25% [15, 60, 120 gm]

Gel: 0.05% [15, 60 gm]

Oint: 0.25% [15, 60 gm]; Apply to affected area 2-4 times daily.

High-potency corticosteroid.

Dexamethasone (Decadron, Decadron Turbinaire, Decadron Respighaler); Corticosteroid; Inj (as phosphate salt) per mL: 4, 10, 20, 24 mg

Ophth oint: 0.05% [3.5 gm]

Ophth soln: 0.1% [5 mL]

Ophth susp: 0.1% [5, 15 mL]

Oral soln: 0.1 mg/mL

Oral soln conc: 1 mg/mL

Tab: 0.25, 0.5, 0.75, 1, 1.5, 2, 4, 6 mg; **Airway edema:** 0.5-2 mg/kg/day IV/IM/PO q6h

Antiemetic (chemotherapy induced): 10 mg/m² IV x 1, then 5 mg/m² IV q6h prn

Anti-inflammatory: 0.08-0.3 mg/kg/day PO/IV/IM or 2.5-10 mg/m²/day PO/IV/IM q6-12h

Bacterial meningitis: 0.6 mg/kg/day IV q6h x 4 days

Cerebral edema: 1-2 mg/kg/dose IV x 1, then 1-1.5 mg/kg/day IV q4-6h (max 16 mg/day)

Physiologic replacement: 0.03-0.15 mg/kg/day PO/IV/IM or 0.6-0.75 mg/m²/day PO/IV/IM q6-12h

Ophth: Instill two drops or apply ointment to conjunctival sac q3-4h

Dexmethylphenidate (Focalin); Stimulant Agent ; Tabs: 2.5, 5, 10 mg; **ADDH:**

Stimulant naive: 2.5 mg PO bid, adjust dose weekly to max of 10 mg PO bid

Dextroamphetamine sulfate (Dexedrine) (C-II) ; CNS Stimulant; Cap SR: 5, 10, 15 mg

Tab: 5, 10 mg; **Attention Deficit Disorder:**

3-5 yrs: Initially 2.5 mg/day PO qAM, increase by 2.5 mg/day at weekly intervals; range 0.1-0.5 mg/kg qAM; maximum 40 mg/day in 1-3 doses.

>6 yrs: 5 mg qd-bid, increase by 5 mg/day at weekly intervals; range 0.1-0.5 mg/kg qAM; max 40 mg/day in 1-3 doses

For daily dosing, dose in AM. For twice-daily dosing, dose in morning and at noon. For three-times-a-day dosing, dose in AM, noon, and afternoon (last dose must be given at least six hours before bedtime)

SR capsules must be swallowed whole.

Dextromethorphan (Delsym, Robitussin Pediatric, Benlyn Pediatric); Antitussive; Cap: 30 mg

Liq: 3.33 mg/5 mL, 7.5 mg/5 mL, 10 mg/5 mL, 15 mg/5 mL

Lozenge: 5, 7.5 mg

Syr: 2 7.5 mg/5 mL, 10 mg/5 mL, 15 mg/5 mL

Syr SR: 30 mg/5mL; **Cap, Liquid, Syrup:**

1-3 mos: 0.5-1 mg PO q6-8h prn

3-6 mos: 1-2 mg PO q6-8h prn

7-23 mos: 2-4 mg PO q6-8h prn

2-6 yrs: 2.5-7.5 mg PO q4-8h prn

7-12 yrs: 5-10 mg PO q4h prn or 15 mg PO q6-8h prn (max 60 mg/day)

>12 yrs: 10-30 mg PO q4-8h prn (max 120 mg/day)

SR Syrup:

2-6 yrs: 15 mg PO bid prn

7-12 yrs: 30 mg PO bid prn

>12 yrs: 60 mg PO bid prn

Lozenges:

4-6 yrs: Dissolve 1 lozenge in the mouth q4h prn

7-12 yrs: Dissolve 1-2 lozenges in the mouth q4h prn

>12 yrs: Dissolve 2-4 lozenges in the mouth q4h prn

Diazepam (C-IV) (Valium, Diastat); Benzodiazepine; Gel, rectal (5 mg/mL): Peds rectal tip: 2.5, 5 mg

Universal rectal tip (for pediatric or adult use): 10 mg

Adult rectal tip: 15, 20 mg

Inj: 5 mg/mL [2, 10 mL]

Soln per mL: 1, 5 mg

Tab: 2, 5, 10 mg; **Anxiety or Sedation:**

0.12-0.8 mg/kg/day PO q6-8h

0.04-0.3 mg/kg/dose IV q4h prn

Status epilepticus (IV):

0.05-0.3 mg/kg/dose q15-30 min to max cumulative dose of 5 mg (≤ 5 yrs) or 10 mg (>5 yrs).

Status epilepticus (rectal gel):

2-5 yrs: 0.5 mg/kg/dose (max 10 mg)

6-11 yrs: 0.3 mg/kg/dose (max 10 mg)

≥ 12 yrs: 0.2 mg/kg/dose (max 20 mg)

Conscious sedation: 0.2-0.3 mg/kg PO/IV/IM (max 10 mg) 45-60 min prior to procedure.

May cause significant respiratory depression.

Difforlason (Psorcon, Maxiflor); Corticosteroid; Cream: 0.05% [15, 30, 60 gm]
Oint: 0.05% [15, 30, 60 gm]; Apply sparingly to affected area 2-4 times daily.
Very high-potency corticosteroid.

Dicloxacillin (Dycill, Dynapen, Pathocil); Antibacterial, Penicillin; Cap: 250, 500 mg
Susp: 62.5 mg/5 mL; 25-100 mg/kg/day PO qid (max 2000 mg/day)
Suspension is unpalatable. Open capsule and sprinkle powder on food for young children if possible. Take on an empty stomach.

Didanosine (DDI, Videx); Antiretroviral, Nucleoside Analog Reverse Transcriptase Inhibitor; Cap, DR and EC: 125, 200, 250, 400 mg
Powd pkt, buffered: 100, 167, 250 mg
Susp: 10 mg/mL or 20 mg/mL when admixed with antacid (single strength or double strength)
Tab, chew/buffered: 25, 50, 100, 150, 200 mg; **<90 days:** 100 mg/m²/day PO q12h

90 days to 13 yrs:

180-300 mg/m²/day PO bid

≥13 yrs:

<60 kg: 125 mg q12h (tablets or powder packets) or 167 mg q12h (oral susp)

≥60 kg: 200 mg q12h (tablets or powder packets) or 250 mg q12h (oral susp) or 400 mg qd (DR cap)

OR ≥35 kg: 5-10 mg/kg/day PO q12h

Children >1 yr should take drug as two chewable tablets or as powder packets or as suspension to ensure that adequate buffering is obtained; must be taken on an empty stomach. Peripheral neuropathy, pancreatitis, headache.

Digoxin (Lanoxin); Cardiac Glycoside; Cap: 50, 100, 200 mcg

Elixir: 50 mcg/mL [60 mL]

Inj: 100, 250 mcg/mL

Tab: 125, 250, 500 mcg; **Digoxin Total Digitalizing Dose:**

Preterm: 15-30 mcg/kg IV; 20-30 mcg/kg PO

Term 0-4 wk: 20-30 mcg/kg IV; 25-35 mcg/kg PO

1-23 mos: 30-50 mcg/kg IV; 40-50 mcg/kg PO

2-4.99 yrs: 25-35 mcg/kg IV; 30-40 mcg/kg PO

5 yrs-10 yrs: 15-30 mcg/kg IV; 20-35 mcg/kg PO

11-17 yrs: 8-12 mcg/kg IV; 10-15 mcg/kg PO

≥18 yrs: 0.5-1 mg IV; 0.75-1.5 mg PO

Give 1/2 total dose initially, then 1/4 of dose q8-12h x 2 doses (EKG 2h before each dose).

Max total digitalizing dose: 1000 mcg IV, 1500 mcg PO

Digoxin Maintenance Dose:

Preterm: 4-9 mcg/kg/day IV; 4-12 mcg/kg/day PO

Term 0-2 wk: 6-8 mcg/kg/day IV; 6-10 mcg/kg/day PO

2 wk-2 yrs: 8-10 mcg/kg/day IV; 10-15 mcg/kg/day PO

2 yrs-5 yrs: 6-8 mcg/kg/day IV; 8-10 mcg/kg/day PO

5 yrs-10 yrs: 4-8 mcg/kg/day IV; 5-10 mcg/kg/day PO

>10 yrs: 2-3 mcg/kg/day IV; 2.5-5 mcg/kg/day PO

Maximum daily maintenance dose: 500 mcg PO, 400 mcg IV

Divide IV maintenance doses bid. Divide oral doses bid if <10 yrs and qd if ≥10 yrs.

Low serum potassium or magnesium potentiates toxicity. Reduce dose in renal failure. Toxicity is indicated by nausea, vomiting, headache, visual disturbances (yellow-green halos around lights), arrhythmias.

Digoxin immune Fab (Digibind, DigiFab); Antidote - Digoxin; Vial: 38 mg (Digibind), 40 mg (DigiFab); Dose of Digibind (in mg) = total body load x 76

Dose of DigiFab (in mg) = total body load x 80

Total body load of digoxin (in mg) = C (in ng/mL) x 5.6 x body weight (in kg) ÷ 1000

C = post-distribution serum digoxin level

Total body load (TBL) = mg of digoxin ingested (if known) x 0.8

Number of vials to use = TBL ÷ 0.5

Each vial will bind approximately 0.5 mg digoxin.

May interfere with digoxin measurement. Patient should be on continuous EKG monitor.

Dimenhydrinate (Dramamine); Antivertigo Agent, Antihistamine, Antiemetic; Liq: 12.5 mg/4 mL, 15.62 mg/5mL

Tab: 50 mg

Tab, chew: 50 mg; 2-5 yrs: 12.5-25 mg PO q6-8h prn (max 75 mg/day)

6-11 yrs: 25-50 mg PO q6-8h prn (max 150 mg/day)

≥12 yrs: 50-100 mg PO q4-6h prn (max 400 mg/day)

Not recommended in patients <12 yrs due to high incidence of extrapyramidal side effects.

Dimercaprol (BAL); Antidote - Gold, Arsenic, Mercury, Lead; Inj: 100 mg/mL ; **Lead Poisoning (use with edetate calcium disodium):**

Mild: 3 mg/kg/dose IM q4h x 2-7days

Severe: 4 mg/kg/dose IM q4h x 2-7days

Mild Arsenic or Gold Poisoning: 2.5 mg/kg/dose IM q6h x 2days, then q12h x 1 day, then qd x 10days

Severe Arsenic or Gold Poisoning: 3 mg/kg/dose IM q4h x 2days, then q6h x 1 day, then q12h x 10days

Mercury Poisoning: 5 mg/kg/dose IM x 1, then 2.5 mg/kg/dose IM q12-24h x 10days

Give undiluted by deep IM injection. Has strong odor. May not give IV.

Diphenhydramine (Benadryl, Benylin); Antihistamine; Cap: 25, 50 mg

Cplt: 25, 50 mg

Cream: 1% [30gm], 2% [30 gm]

Inj: 50 mg/mL

Syr: 12.5 mg/5 mL

Tab: 25, 50 mg

Tab, chew: 12.5 mg

Spray, top: 1, 2% [60 mL]; 1 mg/kg/dose IM/IV/PO qid (max 50 mg/dose)

May cause drowsiness.

Apply topically to affected area qd-qid

Diphtheria and tetanus toxoids, adult (Td); Vaccine; Inj: 0.5 mL; 0.5 mL IM
See Immunization Schedule in appendix for timing. The adult formulation contains a smaller dose of diphtheria toxoid than the pediatric formulation.

Diphtheria and tetanus toxoids, pediatric (DT); Vaccine; Inj: 0.5 mL; 0.5 mL IM
See Immunization Schedule in appendix for timing.
Diphtheria, tetanus, acellular pertussis (Tripedia, Infanrix); Vaccine; Inj: 0.5 mL; 0.5 mL IM
See Immunization Schedule in appendix for timing.
Diphtheria, tetanus, acellular pertussis, haemophilus influenzae vaccine (TriHIBit); Vaccine; Inj: 0.5 mL; 0.5 mL IM
See Immunization Schedule in appendix for timing.

Dobutamine (Dobutrex); Adrenergic Agonist; Inj: 12.5 mg/mL [20 mL]; 2.5-15 mcg/kg/min continuous IV infusion, max of 40 mcg/kg/min
Usual maximum concentration 6000 mcg/mL.

Docusate (Colace); Stool Softener; Cap: 50, 100, 240, 250 mg
Liq: 10 mg/mL
Syr: 50 mg/15 mL, 60 mg/15 mL, 100 mg/30 mL
Tab: 100 mg; <3 yrs: 10-40 mg/day PO q6-24h
3-5 yrs: 20-60 mg/day PO q6-24h
6-12 yrs: 50-150 mg/day PO q6-24h
>12 yrs: 50-400 mg/day PO q6-24h
Liquid is bitter. Take with adequate fluids.

Dolasetron (Anzemet); Antiemetic; Inj: 20 mg/mL
Tab: 50, 100 mg; **Chemotherapy Antiemetic:**
2-16 yrs: 1.8 mg/kg PO/IV 30 minutes prior to chemo, max 100 mg
Post-op nausea/vomiting:
2-16 yrs: 1.2 mg/kg PO x 1, max 100 mg or 0.35 mg/kg IV x 1, max 12.5 mg
Can mix injectable solution in apple juice for oral dosing; stable for 2 hours at room temperature.

Dopamine (Intropin); Adrenergic Agonist; Inj: 40, 80, 160 mg/mL; 1-20 mcg/kg/min continuous IV infusion; titrate to desired cardiac output and blood pressure. May titrate up to 30 mcg/kg/min.
Dose Dependent Effects:
<5 mcg/kg/min: Primarily increases renal blood flow and urine output.
5-15 mcg/kg/min: Primarily increases renal blood flow, heart rate, cardiac contractility, and cardiac output.
>15 mcg/kg/min: Alpha-adrenergic effects result in vasoconstriction and increased blood pressure.
Patient should be on continuous cardiac monitor.

Dornase alfa (Pulmozyme); Recombinant Human Deoxyribonuclease; Soln for neb per mL: 1 mg/mL [2.5 mL single use amp]; >5 yrs: 2.5 mL dornase alfa (1 amp) inhaled qd-bid; do not dilute or mix with any other drugs in the nebulizer.
Used in cystic fibrosis to improve pulmonary function.

Doxycycline (Vibra Tab, Vibramycin); Antibacterial, Tetracycline; Cap: 20, 50, 100 mg
Inj: 100, 200 mg
Syr per 5 mL: 25, 50 mg
Tab: 50, 100 mg; >8 yrs: 2-4 mg/kg/day IV/PO bid (max 200 mg/day)
Anthrax Post-exposure Prophylaxis:
≤45 kg: 4.4 mg/kg/day PO bid x 60 days
≥8 yrs **AND** > 45 kg: 100 mg PO bid x 60 days
Use of tetracyclines in childhood (<8 yrs of age) may cause permanent dental discoloration and enamel hypoplasia. Take on an empty stomach (1 hour before or 2 hours after meals); do not give with dairy products or antacids

Dronabinol (C-III) (Marinol); Antiemetic, Marijuana Derivative; Cap: 2.5, 5, 10 mg; **Antiemetic for chemotherapy:** 5 mg/m²/dose PO beginning 1-3h prior to chemotherapy, then q2-4h prn (max six doses per day); increase by 2.5 mg/m²/dose as needed to control nausea and vomiting (max 15 mg/m²/dose)
Appetite Stimulant: Adolescents: 2.5-5 mg PO before lunch and dinner (max 20 mg/day). If intolerant, try 2.5 mg PO qhs.
May cause drowsiness and depression. Impairs mental alertness and physical coordination.

Droperidol (Inapsine); Antiemetic; Inj: 2.5 mg/mL [1, 2, 5, 10 mL]; **2-12 yrs:** Nausea and Vomiting: 0.05 mg/kg/dose IV/IM q4-6h prn
Post-operative nausea: 0.01-0.03 mg/kg/dose IV/IM q6-8h prn
>12 yrs: Nausea and Vomiting: 2.5-5 mg/dose IM/IV q4h prn
Prior to use, 12 lead EKG to identify patients with baseline QT prolongation is recommended. Drug is contraindicated if patient's baseline QT interval is prolonged.

Drotrecogin alfa (Xigris); Human Activated Protein C; Inj: 5, 20 mg; Patients with severe sepsis with organ dysfunction at high risk of death:
>18 yrs: 2.4 mcg/kg/hr continuous IV infusion for 96 hrs
Not approved for children ≤18 yrs.
Contraindications: active bleeding, head trauma.

Econazole (Spectazole, Ecostatin); Antifungal, Topical; Cream: 1% [15, 30, 85 gm]; Apply qd-bid

Edetate calcium disodium (Calcium EDTA); Antidote - Lead; Inj: 200 mg/mL [5 mL]; **Lead Mobilization Test:** 500 mg/m²/dose (max 1000 mg) IV over one hour; a positive test occurs if the ratio of mcg of lead in urine to mg of calcium EDTA given is >1
Treatment of Lead Poisoning Encephalopathy: 250 mg/m²/dose IM q4h or 50 mg/kg/day continuous IV infusion or 1-15 gm/m² IV as either an 8hr or 24 hr infusion. Concomitant treatment with dimercaprol is necessary.

Edetate disodium (EDTA); Chelator; Inj: 150 mg/mL [20 mL]; **Hypercalcemia:** 40-70 mg/kg (max 3000 mg) IV over 3-4 hours
May repeat daily for five days.

Efavirenz (EFZ, Sustiva); Antiretroviral, Non-nucleoside Analog Reverse Transcriptase Inhibitor; Cap: 50, 100, 200 mg
Tab: 600 mg; 10-14.9 kg: 200 mg PO qd

15-19.9 kg: 250 mg PO qd
20-24.9 kg: 300 mg PO qd
25-32.4 kg: 350 mg PO qd
32.5-39.9 kg: 400 mg PO qd
≥40 kg: 600 mg PO qd

Bedtime dosing is recommended to improve tolerability of CNS side effects (dizziness, agitation, somnolence). Capsule may be opened and added to food. Grape jelly hides the peppery taste.

Emedastine (Emadine); Antihistamine; Ophth soln: 0.05% [5 mL]; >3 yrs: Instill one drop in affected eye(s) qid
Patients should not wear contact lenses. Indicated for temporary relief of signs and symptoms of allergic conjunctivitis.

Enalapril (Vasotec); Angiotensin Converting Enzyme Inhibitor; Tab: 2.5, 5, 10, 20 mg; **Initial starting dose:** 0.1 mg/kg/day PO q12-24h (max 5 mg)
Maintenance dose: Titrate up to 0.5 mg/kg/day PO q12-24h (max 40 mg/day)
An extemporaneously prepared suspension can be made with 90-day stability under refrigeration.

Enalaprilat IV (Vasotec IV); Angiotensin Converting Enzyme Inhibitor; Inj: 1.25 mg/mL [1, 2 mL]; 5-10 mcg/kg/dose IV q8-24h (usual adult dose 1.25 mg)
This product should not be given orally because it is a pro-drug and is not orally absorbed.

Enoxaparin (Lovenox); Anticoagulant; Low Molecular Weight Heparin; Inj: 100 mg/mL; ≥2 mos for deep vein thrombosis or pulmonary embolism
Prophylaxis: 0.5 mg/kg SC q12h
Treatment: 1 mg/kg SC q12h
Titrate dose to desired antifactor Xa level (usual desired range 0.1-1 unit/mL).
Do not administer IM or IV.

Epinephrine (Epi-pen, Adrenalin); Adrenergic Agonist; EpiPen delivers 0.3 mg IM
EpiPen Jr delivers 0.15 mg IM
Inj: 1 mg/mL [1:1000], 0.1 mg/mL [1:10000]
Racemic soln for neb: 2.25% [15, 30 mL]
Soln for inhalation: 1:100 [7.5 mL], 1:1000 [30 mL]; **Nebulized:** 0.25-0.5 mL of 2.25% racemic epinephrine diluted in 3 mL NS
Continuous IV infusion: 0.1-1.0 mcg/kg/min
CPR: 0.01 mg/kg IV/IO (max 1 mg) or high dose: 0.1 mg/kg IV/IO; 0.1 mg/kg ET
Subcutaneous: 0.01 mg/kg using 1:1000 conc (max 0.5 mg)
EpiPen:
<30 kg: max 0.15 mg SC (EpiPen Jr)
≥30 kg: max 0.3 mg SC (EpiPen)

Epoetin alfa (Epogen, EPO); Recombinant Human Erythropoietin; Inj per mL: 2000, 3000, 4000, 10000, 20000, 40000 U [1 mL]; **Anemia in Cancer:**
150-300 U/kg SC three times weekly
Anemia of Prematurity: 100-200 U/kg/dose IV/SC three times weekly
Renal Failure: 50-150 U/kg/dose IV/SC three times weekly
Zidovudine-treated HIV patient: 100 U/kg IV/SC three times weekly
Evaluate iron stores prior to initiation of therapy. May need to supplement iron. Monitor hematocrit, hemoglobin, and reticulocyte count.

Ergocalciferol (Calciferol, Drisdol, Vitamin D); Vitamin; Cap: 50,000 units
Inj: 500,000 U/mL
Oral soln: 8000 U/mL [60 mL] (200 U/drop); **Dietary Supplementation:** Premature Infants: 400-800 units/day PO qd-bid
Infants and Children: 400 units/day PO qd-bid
Vitamin D Dependent Rickets: 3000-5000 U per day PO/IM qd-bid
Nutritional Rickets and Osteomalacia: 1000-5000 U/day PO/IM x 6-12 weeks
40 units = 1 mcg
Oral dosing is preferred. Injectable product may only be given IM (not IV). Drops are available OTC.

Erythromycin base (E-Mycin, Ery-Tab, Eryc); Antibacterial, Macrolide; Cap, DR: 250 mg
Gel: 2% [30, 60 gm]
Oint: 2% [25 gm]
Ophth oint: 5 mg/gm [1, 3.5 gm]
Soln, topical: 1.5% [60 mL], 2% [60 mL]
Tab: 250, 333, 500 mg
Tab, DR: 250, 333, 500 mg; **Oral:** 30-50 mg/kg/day q6-8h (max 2 gm/day)
Ophthalmic: Apply to the infected eye one or more times daily
Prophylaxis of neonatal gonococcal or chlamydial conjunctivitis: 0.5-1 cm ribbon of ointment instilled into each conjunctival sac
Pre-op for bowel surgery: 20 mg/kg PO at 1 pm, 2 pm, 11 pm the day before surgery (in combination with oral neomycin and mechanical cleansing)
May increase theophylline level; frequent GI upset.
Topical: Apply bid.

Erythromycin estolate (Ilosone); Antibacterial, Macrolide; Cap: 250 mg
Susp per 5 mL: 125, 250 mg
Tab: 500 mg; 50 mg/kg/day PO q6-12h (max 2 gm/day)
May increase theophylline level; frequent GI upset. Estolate is the preferred salt when treating pertussis.

Erythromycin ethyl succinate (EES, Eryped); Antibacterial, Macrolide; Drops: 100 mg/2.5 mL [50 mL]
Susp per 5 mL: 200, 400 mg
Tab: 400 mg
Tab, chew: 200 mg; 30-50 mg/kg/day PO q6-8h (max 3.2 gm/day)

Ethyl succinate is the usual salt form used in pediatrics.
May increase theophylline level; frequent GI upset.

Erythromycin lactobionate (Erythrocin); Antibacterial, Macrolide; Inj: 500, 1000 mg; 20-50 mg/kg/day IV q6h (max 4 gm/day)
May increase theophylline level; frequent GI upset.

Etanercept (Enbrel); Immunomodulator; Inj: 25 mg; 4-17 yrs: 0.4 mg/kg (max 25 mg) SC twice weekly for 3 months
>17 yrs: 25 mg SC twice weekly for 3 months
Used for juvenile rheumatoid arthritis. Discontinue immediately if serious infection develops.

Ethambutol (Myambutol); Tuberculostatic; Tab: 100, 400 mg; 15-25 mg/kg/day PO qd (max 1 gm/day) or 50 mg/kg/dose PO twice weekly (max 2500 mg/dose)
Monitor visual acuity and color discrimination monthly.

Ethosuximide (Zarontin); Anticonvulsant; Cap: 250 mg
Syr: 250 mg/5 mL; **3-6 yrs:** Initially 15 mg/kg/day PO bid (max 250 mg/dose), increase q4-7days; usual maintenance dose 15-40 mg/kg/day bid
>6 yrs: Initially 250 mg PO bid, increase by 250 mg/day prn q4-7days; usual maintenance dose 20-40 mg/kg/day bid (max 1500 mg/day)
Therapeutic serum range: 40-100 mcg/mL

Famciclovir (Famvir); Antiviral; Tab: 125, 250, 500 mg; **Herpes zoster (adolescents):** 500 mg PO tid for 7 days.

Genital herpes: 250 mg PO tid x 7-10 days

Genital herpes, recurrent episodes (adolescents): 125 mg PO bid for 5 days.

Daily suppressive therapy: 250-500 mg/day PO bid x 1 year then reassess for recurrence

Not a cure for genital herpes.

Famotidine (Pepcid); Histamine-2 Antagonist; Cap: 10 mg

Inj: 5 mg/mL

Susp: 40 mg/5 mL

Tab: 10, 20, 40 mg

Tab, chew: 10 mg; **Peptic Ulcer:** 0.5 mg/kg/day PO/IV qhs-bid, max 40 mg/day

GERD: 1 mg/kg/day PO/IV q12h, max 80 mg/day

10 mg tablets are available OTC. Adjust for renal impairment.

Felbamate (Felbatol); Anticonvulsant; Susp: 600 mg/5 mL

Tab: 400, 600 mg ; **2-14 yrs:** Initial: 15 mg/kg/day PO tid-qid; titrate by 15 mg/kg/day at weekly intervals to max of 45 mg/kg/day or 3600 mg/day (whichever is less) tid-qid

>14 yrs: Initial: 1200 mg/day PO tid-qid; titrate by 600 mg/day increments at 2-wk intervals prn until max of 3600 mg/day

Increases concentrations of phenytoin and valproic acid. Associated with aplastic anemia and acute liver failure; therefore, not a first-line anticonvulsant. Written informed consent necessary. Monitor CBC, liver function, and bilirubin.

Fentanyl (C-II) (Sublimaze); Opioid Narcotic; Inj: 50 mcg/mL

Transdermal Patch:

25 mcg/hr [10 cm²]

50 mcg/hr [20 cm²]

75 mcg/hr [30 cm²]

100 mcg/hr [40 cm²]; 1-2 mcg/kg/dose (max 100 mcg/dose) IV q1-2h prn or 1-2 mcg/kg/hr continuous IV infusion (may need to titrate to higher dose).

Reversible with naloxone.

May convert patient over to transdermal patch when stabilized on a dose. Replace patch q72h. Patches may not be cut in half.

Ferrous gluconate (Fergon); Iron Salt; Tab: 300 mg (34 mg elemental Fe); **Oral dosages in mg elemental iron:**

Children (iron deficiency anemia):

Mild-Moderate: 3 mg/kg/day PO qd-bid

Severe: 4-6 mg/kg/day PO tid

Prophylaxis: 1-2 mg/kg/day PO qd

Adults: Iron deficiency: 60 mg PO bid-qid

Prophylaxis: 60 mg/day PO qd

May turn stools and urine dark; GI upset, constipation; vitamin C will increase absorption. Contains 12% elemental iron.

Ferrous sulfate (Fer-In-Sol, Fer-Iron); Iron Salt; Cap: 250 mg (50 mg elemental Fe)

Drops (Fer-In-Sol): 75 mg (15 mg elemental Fe)/0.6 mL [50 mL]

Drops (Fer-Iron): 125 mg (25 mg elemental Fe)/1 mL [50 mL]

Elixir: 220 mg (44 mg elemental Fe)/5 mL [480 mL]

Syr: 90 mg (18 mg elemental Fe)/5 mL [480 mL]

Tab: 195 mg (39 mg elemental Fe); 300 mg (60 mg elemental Fe); 324 mg (64 mg elemental Fe)

Tab, TR: 525 mg (105 mg elemental Fe); **Oral dosages in mg elemental iron:**

Premature infants: 7.5-15 mg/day qd-bid. Doses at the higher end of the range may be necessary for infants on concomitant erythropoietin.

Children (Iron deficiency anemia):

Mild-moderate: 3 mg/kg/day PO qd-bid

Severe: 4-6 mg/kg/day PO tid

Prophylaxis: 1-2 mg/kg/day PO qd

Adults:

Iron deficiency: 60 mg PO bid-qid

Prophylaxis: 60 mg/day PO qd

May turn stools and urine dark; GI upset, constipation; vitamin C will increase absorption. Contains 20% elemental iron.

Ferrous sulfate exsiccated (Feratab, Feosol, Slow Fe); Iron Salt; Cap, TR: 160 mg (50 mg elemental Fe)

Tab: 187 mg (60 mg elemental Fe), 200 mg (65 mg elemental Fe)

Tab SR: 160 mg (50 mg elemental Fe); **Oral dosages in mg elemental iron:**

Adults:

Iron deficiency: 60 mg bid-qid

Prophylaxis: 60 mg/day qd

May turn stools and urine dark; GI upset, constipation; vitamin C will increase absorption. Contains 30% elemental iron.

Fexofenadine (Allegra); Antihistamine; Cap: 60 mg
Tab: 30, 60, 180 mg; 6-11 yrs: 30 mg PO bid
≥12 yrs: 60 mg PO bid or 180 mg/day PO qd

Filgrastim (G-CSF, Neupogen); Colony Stimulating Factor; Inj: 300 mcg/mL [1, 1.6 mL]; 5 mcg/kg/day IV/SC qd. May increase to 10 mcg/kg/day.
Administer daily for up to 14 days until absolute neutrophil count >10,000

Fluoride; Mineral; Tab, chew (sodium): 0.25, 0.5, 0.55, 1 mg; The recommended daily fluoride intake is adjusted in proportion to the fluoride content of drinking water (see table below). Fluoride is also available in multivitamin preparations.

Fluoride content of ; Daily dose of oral drinking water; fluoride

<0.3 parts per million;

birth-6 mos; 0

6 mos - 3 yrs; 0.25 mg

3-6 yrs; 0.5 mg

6-16 yrs; 1 mg

0.3-0.6 parts per million;

birth-3 yrs; 0

3-6 yrs; 0.25 mg

6-16 yrs; 0.5 mg

>0.6 parts per million;

All ages; 0

Fluconazole (Diflucan); Antifungal; Inj: 2 mg/mL

Susp per mL: 10, 40 mg

Tab: 50, 100, 150, 200 mg; 3-6 mg/kg/dose PO/IV qd (max 400 mg/dose). Doses as high as 10-12 mg/kg/day qd (max 800 mg/day) have been used in immunocompromised children.

Vaginal Candidiasis: Adolescents: 150 mg PO x 1 (single dose)

Adjust dosage in renal insufficiency. Oral dosing produces the same blood levels as intravenous.

Flucytosine (5-FC) (Ancobon); Antifungal; Cap: 250, 500 mg; 100-150 mg/kg/day PO qid for 4-6 weeks

Therapeutic Range: 25-100 mcg/mL

Nausea, vomiting, diarrhea; bone marrow depression. Monitor serum levels. Extemporaneously prepared suspension can be made with 14 days stability under refrigeration or at room temperature.

Fludrocortisone (Florinef); Mineralocorticoid; Tab, scored: 0.1 mg; Infants and Children: 0.05-0.1 mg/day PO qd

Adults: 0.05-0.2 mg/day PO qd

Flumazenil (Romazicon); Antidote - Benzodiazepine; Vial: 0.1 mg/mL [5, 10 mL]; **Reversal of benzodiazepine:** Children: 0.01 mg/kg IV (max 0.2mg), repeat as needed

Adolescents: 0.2 mg IV over 30 seconds, wait 30 seconds, then give 0.3-0.5 mg over 30 seconds if needed

Continuous infusion: 0.005-0.01 mg/kg/hr

May need to repeat doses because the half-life of flumazenil may be significantly shorter than the half-life of the benzodiazepine being reversed.

Flunisolide (Aero-Bid, Aero-Bid M, Nasalide, Nasarel); Corticosteroid; Aerosol: 250 mcg/puff, 100 puffs/canister [7gm]

Spray, nasal: 0.025% (25 mcg/spray, 200 doses/spray bottle) [25 mL]; **Inhalation:** 6-15 yrs: 2 puffs bid; >15 yrs: 2 puff bid, may increase to 4 puffs bid

Intranasal: 6-14 yrs: 1 spray in each nostril tid or 2 sprays in each nostril bid

>14 yrs: Start with 2 sprays in each nostril bid, may increase to tid-qid

May cause oral candidiasis. Aero-bid M has a menthol taste.

Fluocinolone (Synalar, Fluorodyn); Corticosteroid; Cream: 0.01% [15, 30, 60, 425 gm], 0.025 % [15, 30, 60, 425 gm], 0.2% [12 gm]

Oil: 0.01% [120 mL]

Oint: 0.025% [15, 30, 60 gm]

Shampoo: 0.01% [180 mL]

Soln: 0.01% [20, 60 mL]; Apply to affected area bid

Low potency: 0.01% ; medium potency: 0.025% ; high potency: 0.2 %

Fluocinonide (Lidex); Corticosteroid; Cream, gel, oint: 0.05% [15, 30, 60, 120 gm]

Soln: 0.05% [20, 60 mL] ; Apply to affected area bid-qid

High-potency corticosteroid.

Fluoxetine (Prozac, Sarafem); Antidepressant, SSRI; Cap: 10, 20 mg

Cap, DR: 90 mg

Liq: 20 mg/5 mL

Tab: 10, 20 mg; **Depression:**

5-18 yrs: initially 5-10 mg PO qAM, may increase to 20 mg PO qam

>18 yrs: initially 20 mg PO qAM, may increase after several weeks by 20mg/day to max of 80 mg/day

Premenstrual Dysphoric Disorder:

Adolescents: 20 mg PO qd

Doses >20 mg may be given qd or qam and q noon.

If maintained at 20 mg/day, may change to DR capsule 90 mg PO q week.

Fluticasone (Flonase, Flovent); Corticosteroid; MDI: 44mcg/puff, 60 puffs/canister [7.9gm]; 44 mcg/puff, 120 puffs/canister [13gm]; 110 mcg/puff, 60 puffs/canister [7.9gm] or 120 puffs/canister [13 gm], 220 mcg/puff, 60 puffs/canister [7.9 gm] or 120 puffs/canister [13 gm]

Nasal spray: 50 mcg/spray, 120 sprays/canister [16 gm]

Rotadisk powder for inhalation: 50, 100, 250 mcg; **MDI:** 1-2 puffs bid

Nasal: ≥4 yrs: 1 spray in each nostril qd, may increase to 2 sprays in each nostril qd. Once symptoms are controlled, reduce dose to 1 spray in each nostril qd.

Nasal pump must be primed before first use or after \geq one week of non-use by actuating six times.

Rotadisk: 4-11 yrs: 50 mcg bid, may increase to 100 mcg bid; \geq 12 yrs: 100 mcg bid, may increase to max 500 mcg bid. Dry powder inhaler - cannot be used with spacer.

Not indicated for relief of acute bronchospasm.

Folic acid (Folvite); Vitamin; Inj: 5 mg/mL [10 mL]

Tab: 0.4, 0.8, 1 mg; **Folic Acid Deficiency (PO/IV/IM/SC):**

Infants: 15 mcg/kg/dose or 50 mcg qd

Children 1-10 yrs: Initial: 1 mg/day qd; maint: 0.1-0.4 mg/day qd

>11 yrs: Initial: 1 mg/day qd; maint: 0.5 mg/day qd

Fomepizole; Antidote; Inj: 1 gm/mL [1.5 mL]; **Methanol or ethylene glycol ingestion not requiring hemodialysis:**

15 mg/kg IV loading dose, then 10 mg/kg IV q12h x 4 doses, then 15 mg/kg IV q12h

Formoterol (Foradil); Beta-₂ Adrenergic Agonist; Capsule for oral inhalation: 12 mcg; \geq 5 yrs: 12 mcg inhaled bid

Contents of capsule are aerosolized via a device called an Aerolizer.

Foscarnet (Foscavir); Antiviral; Inj: 24 mg/mL; **Cytomegalovirus Retinitis:**

Adolescents and Adults: Induction: 180 mg/kg/day IV q8-12h x 14-21 days; maintenance: 90-120 mg/kg/day IV qd

Maximum infusion rate 60 mg/kg/hr. Adjust dose in renal impairment.

Fosphenytoin (Cerebyx); Anticonvulsant; Inj: 150 mg [equivalent to phenytoin sodium 100 mg] in 2 mL vial; 750 mg [equivalent to phenytoin sodium 500 mg] in 10 mL vial; **The drug must be ordered as mg of phenytoin equivalent (PE):**

>5 yrs: Loading dose 10-20 mg/kg PE IV/IM, maintenance dose 4-6 mg/kg/day PE IV/IM q12-24h.

Maximum infusion rate 3 mg PE /kg/min (max 150 mg PE per min)

Fosphenytoin 1.5 mg is equivalent to phenytoin 1 mg which is equivalent to fosphenytoin 1 mg PE (phenytoin equivalent unit); fosphenytoin is a water-soluble pro-drug of phenytoin.

Furazolidone (Furoxone); Antibacterial, Antiprotozoal; Liq: 50 mg/15 mL

Tab, scored: 100 mg; >1 month: 5-8.8 mg/kg/day PO qid (max 400 mg/day)

May discolor urine to a brown tint; avoid alcohol due to possible disulfiram-like reaction.

Furosemide (Lasix); Diuretic, Loop; Inj: 10 mg/mL

Soln per mL: 8, 10 mg

Tab: 20, 40, 80 mg; 1 mg/kg/dose IV/IM/PO q6-12h prn; may increase to 2 mg/kg/dose IV/IM/PO (usual max 80 mg PO, 40 mg IV).

Continuous IV infusion: 0.05 mg/kg/hr, titrate to desired effect.

Monitor serum magnesium and potassium levels. High doses may cause ototoxicity; supplemental potassium is often necessary.

Gabapentin (Neurontin); Anticonvulsant; Cap: 100, 300, 400 mg

Soln: 250 mg/5 mL

Tab: 600, 800 mg; **Anticonvulsant:**

3-12 yrs: 10-15 mg/kg/day PO tid, titrate as tolerated q3d to max 50 mg/kg/day

>12 yrs: 300 mg PO tid, titrate if necessary. Usual dose 800-1800 mg PO tid, max 3600 mg/day

Neuropathic Pain:

5 mg/kg PO qhs on day 1, 5 mg/kg/dose PO bid on day 2, 5 mg/kg/dose PO tid on day 3. Titrate to effect. Usual range 8-35 mg/kg/day PO tid; max 1800 mg/day.

Ganciclovir (Cytovene); Antiviral; Cap: 250, 500 mg

Inj: 500 mg; **Cytomegalovirus Retinitis:** Induction: 10 mg/kg/day IV bid x 14-21 days. Maintenance: 5 mg/kg/day IV q24h x 7 days/week or 6 mg/kg/day IV q24h x 5 days/week

Oral maintenance following IV induction: 6 mos-16 yrs: 30 mg/kg/dose PO q8h, >16 yrs: 1000 mg tid or 500 mg q3h while awake (6 times daily)

Other CMV Infections:

Induction: 10 mg/kg/day IV q12h or 7.5 mg/kg/day IV q8h x 14-21 days

Oral maintenance following IV induction: 6 mos-16 yrs: 30 mg/kg/dose PO q8h, >16 yrs: 1000 mg tid or 500 mg q3h while awake (6 times daily)

Granulocytopenia and thrombocytopenia; adjust dose in renal failure. Extemporaneous suspension can be made.

Gentamicin (Garamycin); Antibacterial, Aminoglycoside; Cream: 0.1% [15 gm]

Inj: 10 mg/mL, 40 mg/mL

Oint: 0.1% [15 gm]

Ophth oint: 0.3% [3.5 gm]

Ophth soln: 0.3% [1, 5, 15 mL]; **IV/IM:** <5 yrs (except neonates): 7.5 mg/kg/day q8h.

5-10 yrs: 6.0 mg/kg/day q8h.

>10 yrs: 5.0 mg/kg/day q8h.

Therapeutic peak levels 4-10 mcg/mL; trough levels <2 mcg/mL. Adjust dose in renal failure; potential side effects include nephrotoxicity and ototoxicity.

Ophth: Apply ointment to conjunctival sac bid-tertid or instill 1-2 drops into eye(s) q4h

Topical: Apply topically bid-qid

Glucagon (GlucaGen); Antihypoglycemic Agent; Inj: 1 mg; **Hypoglycemia:**

<20 kg: 0.02-0.03 mg/kg/dose (max 0.5 mg) IM/IV/SC. May repeat in 20 minutes if needed.

>20 kg: 1 mg IM/IV/SC. May repeat in 20 minutes if needed.

1 unit = 1 mg

Glycerin

(Fleet Baby Lax); Laxative, Hyperosmolar; Liquid, rectal: 4 mL per applicator

Supp: Infant and adult sizes; <6 yrs: use infant suppository

\geq 6 yrs: use adult suppository

Insert 1 suppository rectally prn or use rectal liquid and squeeze applicator unit, then remove it

Glycopyrrrolate (Robinul); Anticholinergic Agent; Inj: 0.2 mg/mL

Tab: 1, 2 mg; **Control of oral secretions:**

40-100 mcg/kg/dose PO/NG tid-qid (max 1 mg/dose)

4-10 mcg/kg/dose IV/IM qid (max 0.2 mg/dose)

Extemporaneously prepared suspension can be made from the tablets with 2 weeks stability under refrigeration. Discontinue use if secretions become too thick.

Granisetron (Kytril); Antiemetic; Inj: 1 mg/mL

Soln: 1 mg/5 mL

Tab: 1 mg; ≥ 2 yrs: 10-20 mcg/kg IV x 1 given just prior to chemotherapy, max 1 mg

Adolescents: 1 mg PO bid or 2mg PO qd. Give the first dose one hour before chemotherapy.

Post-op nausea/vomiting: 20-40 mcg/kg IV x 1, max 1 mg

Oral dose not established in children. Extemporaneously prepared suspension can be made from the tablets with 2 weeks stability under refrigeration or at room temperature.

Griseofulvin (Fulvicin PG, Fulvicin UF, Grisactin,

Gris-Peg); Antifungal; Microsize:

Cap: 250 mg

Susp: 125 mg/5 mL

Tab: 250, 500 mg

Ultramicronize:

Tab: 125, 165, 250, 330 mg; **>2 yrs:** Microsize 10-20 mg/kg/day PO qd-bid (max 1000 mg/day). Ultramicronize 5-10 mg/kg/day PO qd-bid (usual max 375 mg/day, may use up to 750 mg/day)

Adolescents: Microsize 500-1000 mg/day PO qd-bid or Ultramicronize 330-375 mg/day PO qd-tid

Duration of therapy depends on site of infection: tinea corporis 2-4 weeks, tinea capitis 4-6 weeks or longer, tinea pedis 4-8 weeks, tinea inguinal 3-6 months or longer.

Patients on extended therapy should be monitored for renal, hepatic, and hematopoietic function. Absorption is improved with fatty food. Ultramicronize is better absorbed; therefore, a smaller mg dose is effective.

Guaifenesin (Robitussin); Expectorant; Cap: 200 mg

Cap SR: 300 mg

Liq: 100/5 mL

Syr: 100 mg/5 mL

Tab: 100, 200 mg

Tab SR: 600, 800, 1200 mg; <2 yrs: 12 mg/kg/day PO q4-6h prn

2-5 yrs: 50-100 mg q4h PO prn (max 600 mg/day)

6-12 yrs: 100-200 mg q4h PO prn (max 1.2 gm/day)

>12 yrs: 200-400 mg q4h PO prn or 600-1200 mg SR q12h prn (max 2.4 gm/day)

Administer with plenty of fluids.

Halobetasol (Ultravate); Corticosteroid; Cream: 0.05% [15, 45 gm]

Oint: 0.05% [15, 45 gm]; Apply to affected area 2 to 4 times daily.

Very high-potency corticosteroid.

Haloperidol (Haldol); Antipsychotic; Inj (lactate): 5 mg/mL

Oral conc: 2 mg/mL

Tab: 0.5, 1, 2, 5, 10, 20 mg; **3-12 yrs PO:** initially 0.25-0.5 mg/day bid-tid; increase by 0.25-0.5 mg every 5-7 days (max 0.15 mg/kg/day)

>12 yrs PO: initially 0.5-5 mg PO bid-tid; increase by 2.5-5 mg/day prn (usual max 30 mg/day)

6-12 yrs IM: 1-3 mg/dose q4-8h to a max of 0.15 mg/kg/day

>12 yrs IM: 2-5 mg q4-8h prn

Agitation/hyperkinesia: 0.01-0.03 mg/kg/day PO qd

Switch to oral therapy as soon as possible.

Heparin sodium; Anticoagulant; Inj per mL: 10, 50, 100, 1000, 5000, 10,000, 40,000 U; **Anticoagulation:** Loading dose 50 U/kg IV, then 15-25 U/kg/hr continuous IV infusion.

Titrate to desired APTT. Monitor closely for bleeding.

Hepatitis A vaccine (Havrix, Vaqta); Vaccine; Inj: 0.5 mL, 1 mL; 2-18 yrs: 0.5 mL IM; booster dose 6-12 mos after primary immunization

>18 yrs: 1 mL IM; booster dose 6-12 mos after primary immunization

Do not administer IV or ID or SC.

Hepatitis B immune globulin (BayHep B, Nabi-HB); Immune Globulin; Inj: 0.5, 1, 5 mL; Post-exposure prophylaxis

<12 mos: 0.5 mL IM.

≥ 12 mos: 0.06 mL/kg (minimum dose 0.5 mL, maximum dose 5 mL). Repeat dose in 30 days.

Hepatitis B vaccine (Recombivax HB, Engerix-B); Vaccine; Inj: 0.5 mL; **Recombivax HB:**

<20 yrs: 5 mcg (0.5 mL) IM

≥ 20 yrs: 10 mcg (1 mL) IM

Immunosuppressed adults or adults receiving hemodialysis: 40 mcg (1 mL) IM

Engerix B:

<20 yrs: 10 mcg (0.5 mL) IM

≥ 20 yrs: 20 mcg (1 mL) IM

Immunosuppressed adults or adults receiving hemodialysis: 40 mcg (2 mL) IM

Hetastarch (Hespan); Plasma Volume Expander; Inj: 6% [500, 1000 mL]; 10 mL/kg/dose IV over at least 30 minutes. Maximum daily dose 20 mL/kg.

Diluted in normal saline (Na 154 mEq/liter).

Use with caution in patients with thrombocytopenia.

Hydralazine (Apresoline); Vasodilator, Antihypertensive; Inj: 20 mg/mL

Tab: 10, 25, 50, 100 mg; **PO:** Initially 0.75-1 mg/kg/day bid-qid (max 25 mg/dose), increase to max 7.5 mg/kg/day bid-qid (max 200 mg/day).

IV/IM: Initially 0.1-0.2 mg/kg/dose (max 20 mg) q4-6h prn, may increase to 1.7-3.5 mg/kg/day q4-6h prn (max 40 mg/dose).

Extemporaneous suspension can be made with two weeks stability under refrigeration.

Hydrochlorothiazide (Hydrodiuril); Diuretic, Thiazide; Cap: 12.5 mg
Soln: 50 mg/5 mL
Tab: 25, 50, 100 mg ; 2 mg/kg/day PO bid (max 100 mg/dose)

Hydrocortisone acetate; Corticosteroid; Cream: 0.5% [15, 30 gm], 1% [15, 20, 30, 120 gm]
Inj: 25 mg/mL, 50 mg/mL
Oint: 0.5% [15, 30 gm], 1% [21, 30 gm]; **Inj:** Inject intra-articular, intrasynovial, or intralesional only (not IV).
Topical: Apply a thin layer to affected area tid-qid

Hydrocortisone base (Hydro-Cortone,
Cort-Dome, Cortef,
Cortisol, Cortifoam, Cortenema); Corticosteroid; Cream: 0.5 % [15, 30, 60, 90, 120, 454 gm], 1% [1, 20, 30, 60, 120, 240, 454 gm], 2.5% [15, 20, 30, 60, 120, 240, 454 gm]
Gel: 1% [15, 30 gm]
Lotion: 0.25% [120 mL], 0.5% [30, 60, 120 mL], 1% [60, 120 mL], 2% [30 mL], 2.5% [60 mL]
Oint: 0.5, % [30 gm], 1% [15, 20, 30, 60, 120, 240, 454 gm], 2.5% [20, 30 gm]
Soln, topical: 1% [30, 60 mL]
Tab: 5, 10, 20 mg
Enema: 100 mg/60 mL
Rectal cream: 1% [30 gm]
Rectal foam: 10% [90 mg/applicatorful, 14 applicatorfuls/20 gm]; **Topical:** Apply a thin layer to affected area tid-qid
Hydrocortisone is a low-potency corticosteroid.
Physiologic oral replacement: 0.5-0.75 mg/kg/day PO qd
Anti-inflammatory: 2.5-10 mg/kg/day PO q6-8h
Rectal: Apply 1 applicatorful qd-bid for 2-3 weeks

Hydrocortisone butyrate (Locoid); Corticosteroid; Cream: 0.1% [15, 45, gm]
Oint: 0.1% [15, 45 gm]
Soln, topical: 0.1% [20, 60 mL]; Apply topically to affected area bid-tid
Medium-potency corticosteroid.

Hydrocortisone cypionate (Cortef); Corticosteroid; Susp: 2 mg/mL; **Physiologic replacement:** 0.5-0.75 mg/kg/day PO qd
Anti-inflammatory: 2.5-10 mg/kg/day PO q6-8h

Hydrocortisone sodium phosphate; Corticosteroid; Inj: 50 mg/mL [2, 10 mL]; **Status asthmaticus:** 1-2 mg/kg/dose IV/IM q6h x 24 hours, then decrease dose to 0.5 mg/kg/dose IV/IM q6h
Anti-inflammatory: 1-5 mg/kg/day IV/IM q12-24h
Acute adrenal insufficiency: 1-2 mg/kg IV/IM x1, then 25-150 mg/day IV/IM q6-8h

Hydrocortisone sodium succinate (Solu-Cortef); Corticosteroid; Vial: 100, 250, 500, 1000 mg; **Shock:**
Children: Initial 50 mg/kg IV/IM, repeat in 4 hours and again qd prn (max 2000 mg)
Adolescents: 500 mg IV/IM q6h
Hydrocortisone valerate (Westcort); Corticosteroid; Cream: 0.2% [15, 45, 60, 120 gm]
Oint: 0.2% [15, 45, 60 gm]; Apply to affected area bid-tid
Medium-potency corticosteroid

Hydromorphone (Dilaudid); Opioid Narcotic; Inj: 1 mg/mL, 2 mg/mL, 4 mg/mL, 10 mg/mL
Liq: 1 mg/mL
Supp: 3 mg
Tab: 1, 2, 3, 4, 8 mg; **Oral:** 0.03-0.08 mg/kg/dose q4-6h (max 4 mg/dose)
IV/IM: 0.015 mg/kg/dose q4-6h (usual adult dose 2 mg)
Continuous IV infusion: Start at 0.0075 mg/kg/hr and titrate to desired effect
PCA (patient controlled analgesia): 0.0015-0.003 mg/kg/hr continuous IV basal rate and/or bolus doses 0.0015-0.0045 mg/kg IV q6-15 minutes.
Delivery limit (basal rate and boluses): 2 mg/hr or 0.014 mg/kg/hr (whichever is smaller).
Effects are reversible with naloxone.

Hydroxychloroquine (Plaquenil); Antimalarial; Tab: 200 mg (155 mg base); **Oral Doses are expressed as mg of base**
Chemoprophylaxis of Malaria: 5 mg/kg once weekly (max 310 mg/dose); begin 1-2 weeks before exposure and continue for 4 weeks after leaving endemic area
Malaria: Initial dose 10 mg/kg (max 620 mg/dose), followed by 5 mg/kg (max 310 mg) 6 hours later on day one; 5 mg/kg as single daily dose on day two and day three (max 310 mg/dose).
Juvenile Rheumatoid Arthritis or SLE: 2.3-4 mg/kg/day qd-bid to a max of 400 mg/day; not to exceed 7 mg/kg/day.
Extemporaneous suspension can be made with 30-day stability under refrigeration.

Hydroxyzine (Atarax, Vistaril); Antihistamine; Cap: 25, 50, 100 mg
Inj: 25 mg/mL, 50 mg/mL
Syr: 10 mg/5 mL, 25 mg/5 mL
Tab: 10, 25, 50, 100 mg; 2 mg/kg/day PO q6-8h (max 100 mg/dose)
0.5-1 mg/kg/dose IV/IM q4-6h (max 100 mg/dose)
Drowsiness and anticholinergic effects.

Ibuprofen (Motrin, Advil, Pediaprofen); NSAID; Cap: 200 mg
Cplt: 200 mg
Oral Drops: 40 mg/mL [15 mL]
Susp: 100 mg/5 mL, 200 mg/5 mL
Tab: 100, 200, 400, 600, 800 mg
Tab, chew: 50, 100 mg; **Antipyretic and Analgesic:** 5-10 mg/kg/dose PO q6-8h (max 600 mg/dose)
Administer with food to decrease GI upset. May alternate with acetaminophen to control fever.
Juvenile Rheumatoid Arthritis: 30-50 mg/kg/day PO q6h (max 2.4 gm/day)

Dosage forms <300 mg are available OTC. May cause GI distress.

Imipramine (Tofranil); Tricyclic Antidepressant; Cap: 75, 100, 125, 150 mg

Tab: 10, 25, 50 mg; **Depression:** 1.5 mg/kg/day PO with dosage increments of 1 mg/kg/day q3-4days to max dose of 5 mg/kg/day qd-qid.

Enuresis: ≥6 years: Initial: 10-25 mg PO qhs x 1 wk; if inadequate response, increase by 25 mg/day to max 2.5 mg/kg/day or 50 mg qhs if 6-12 yrs or 75 mg qhs if >12 yrs.

Adolescents: Initial: 25-50 mg/day PO; max 200 mg/day in single or divided doses

Therapeutic serum levels (imipramine and desipramine): 150-250 ng/mL

Immune globulin, intramuscular (BayGam); Immune Globulin, Intramuscular; Inj: 2, 10 mL; **Immunoglobulin deficiency:** Initial dose 1.3 mL/kg IM, followed by 0.66 mL/kg IM q3-4 weeks

Measles exposure: 0.25 mL/kg IM x 1 (double dose if immunocompromised), maximum dose is 15 mL.

Hepatitis A - Pre-exposure prophylaxis:

<2 yrs and likely exposure <3 mos: 0.02 mL/kg IM

<2 yrs and likely exposure 3-5 months: 0.06 mL/kg IM

<2 yrs and likely exposure >5 months: 0.06 mL/kg IM q5 months

≥2 yrs and likely exposure <3 months: 0.02 mL/kg IM **OR** vaccine

≥2 yrs and likely exposure 3-5 months: 0.06 mL/kg IM **OR** vaccine

≥2 yrs and likely exposure >5 months: vaccine

Hepatitis A - Post-exposure:

May not be given IV.

Immune globulin, intravenous (IVIG, Gamimune N, Gammagard, Gammar-P, Iveegam, Panglobulin, Polygam, Sandoglobulin, Venoglobulin); Immune

Globulin, Intravenous; Inj: 1, 2.5, 3, 5, 10 gm

Inj: 5% (50 mg/mL) [10, 50, 100, 200, 250 mL], 10% (100 mg/mL) [10, 50, 100, 200 mL]; **Kawasaki disease:** 2 gm/kg IV as a single dose (preferred) or 400 mg/kg/day x 4 days.

Immunodeficiency syndrome: 200-400 mg/kg/dose IV q2-4 wk.

Idiopathic thrombocytopenic purpura: 400-1000 mg/kg/day x 2-5days; maintenance dose: 400-1000 mg/kg/dose q3-6 wk based on clinical response and platelet count.

Bone marrow transplant: 400-500 mg/kg/dose q week for three months then q month

Severe systemic viral and bacterial infections: 500-1000 mg/kg x 1, may repeat in 1 week prn

Hypotension can be prevented by starting infusion at 0.02 mL/kg/hr. If there are no adverse reactions, increase to 0.04 mL/kg/hr for 30 min, then increase to max of 0.08 mL/kg/hr.

Prevention of gastroenteritis:

Infants/children: 50 mg/kg/day PO q6h (give injectable soln orally)

Polio vaccine, inactivated (IPV, IPOL); Vaccine; Inj: 0.5 mL; 0.5 mL SC

See Immunization schedule in appendix for timing.

Indinavir (Crixivan, IDV); Antiretroviral, Protease Inhibitor; Cap: 100, 200, 333, 400 mg; 350-500 mg/m²/dose PO q8h (max 800 mg/dose)

Adverse drug reactions include kidney stones, abdominal pain, and fatigue. Take on an empty stomach with ample fluids. Extemporaneous suspension can be made with 2-week stability under refrigeration.

Infliximab (Remicade); Antitumor Necrosis Factor; Inj: 100 mg; Crohn's Disease:

5 mg/kg IV, may repeat q4-6 weeks x 2 more doses

Influenza vaccine, subviral (Fluzone, Fluvirin, FluShield); Vaccine; Inj: 0.5 mL (split virus); 0.5 mL IM

See Immunization Schedule in appendix for timing.

Insulin Regular (Regular Iletin, Humulin R, Novolin R, Velosulin BR); Hypoglycemic ; Inj: 100 Units/mL [10 mL]; **Diabetic Ketoacidosis:** 0.05-0.1 U/kg/hr continuous IV infusion.

Maintenance: 0.5-1 U/kg/day SC, titrate to desired effect.

Only regular insulin may be given IV. May be used in insulin SC pumps.

Insulin lispro (Humalog); Hypoglycemic; Inj: 100 Units/mL [10 mL]; Maintenance: 0.5-1 U/kg/day SC, titrate to desired effect.

Lispro has an onset of action within 15 minutes and can be administered just prior to meals. May be used in insulin SC pumps.

Insulin NPH (Humulin N, Novolin N, NPH Iletin); Insulin; Inj: 100 U/mL [10 mL]; 0.5-1 u/kg/day SC (dose usually split between regular and NPH)

Intermediate acting, with onset of action within 1-15 hours, peak effect within 4-12 hours, and duration of effect from 18-24 hours. May not be given IV.

Insulin Zinc Suspension Lente (Lente Iletin, Humulin L, Novolin L); Insulin; Inj: 100 U/mL [10 mL]; Titrate dose.

Insulin Zinc Suspension Ultralente (Humulin U); Insulin; Inj: 100 U/mL [10 mL]; Titrate dose.

Insulin Lantus; Insulin; Inj: 100 U/mL [10 mL]; Titrate dose.

Long acting - usually given SQ qhs.

Iodoquinol (Yodoxin); Amebicide; Powder for reconstitution

Tab: 210, 650 mg; 30-40 mg/kg/day PO tid, max 1950 mg/day

Tablets may be crushed and mixed with applesauce or chocolate syrup.

Ipecac syrup; Emetic; Syr: 15, 30 mL ; <1 yr: not recommended

1-12 yrs: 15 mL PO taken with ample water (at least 10-20 mL/kg)

>12 yrs: 30 mL PO taken with ample water (at least 200-300 mL)

May repeat x 1 if no emesis occurs within 20-30 minutes. Contraindicated if patient is unconscious, has no gag reflex, is seizing, ingested corrosives/alkali/volatile hydrocarbons, or has potential to become unconscious.

Ipratropium bromide (Atrovent); Anticholinergic; Inhaler; 18 mcg/puff, 200 puffs/canister [14 gm]

Nasal spray: 0.03% (21 mcg/spray) [345 sprays/30 mL]; 0.06% (42 mcg/spray) [165 sprays/15 mL]

Soln for inhalation: 0.02% in 500 mcg unit dose vials; **MDI:**

3-12 yrs: 1-2 puffs tid

>12 yrs: 2 puffs qid up to 12 puffs/day

The MDI is contraindicated in patients with allergies to soybeans or peanuts (the solution for nebulizer and the nasal spray do not contain soya lecithin so these food allergies are not a contraindication for these products).

Nebulizer:

3-12 yrs: 125-500 mcg tid

>12 yrs: 500 mcg tid-qid

Nasal spray:

>6 yrs: two sprays of 0.03% or 0.06% in each nostril bid-qid

Isoniazid (INH, Laniazid, Nydrazid); Tuberculostatic; Inj: 100 mg/mL

Syr: 10 mg/mL

Tab: 100, 300 mg; **Active Tuberculosis:** 10-15 mg/kg/day PO/IM qd-bid (max 300 mg/day).

Prophylaxis: 10 mg/kg/day PO/IM qd (max 300 mg/day)

American Thoracic Society and CDC recommend twice-weekly oral therapy as part of a short-course regimen, which follows 1-2 months of daily treatment:

Children: 20-30 mg/kg/dose (up to 900 mg/dose) twice weekly

May cause severe hepatitis. Pyridoxine 1-2 mg/kg/day PO qd prevents peripheral neuropathy.

Isoproterenol (Isuprel); Bronchodilator; Inj: 0.02 mg/mL [10 mL]; **IV:** 0.05-2 mcg/kg/min continuous IV infusion

Itraconazole (Sporanox); Antifungal; Cap: 100 mg

Inj: 10 mg/mL

Soln: 10 mg/mL; **Cap:** 3-5 mg/kg/day PO qd. For severe infections, 5-10 mg/kg/day PO qd may be used. Maximum daily dose is 600 mg.

Soln: Oral solution is for oral or esophageal candidiasis only. Adolescents: 10 mL swish and swallow qd-bid.

IV: Dose not well established in pediatrics. Information extrapolated from adult data suggests using same dose as orally to a maximum of 400 mg/day.

Ketoconazole (Nizoral); Antifungal; Tab: 200 mg

Cream: 2% [15, 30, 60 gm]

Shampoo: 2% [120, 210 mL]; **PO:** 5-10 mg/kg/day q12-24h (max 800 mg/day)

Hepatotoxic with long-term use; monitor liver function. Antacids decrease gastric acid and prevent absorption. QT interval prolongation with cisapride, astemizole, loratadine.

Topical: Apply to affected area qd-bid; causes stinging on inflamed areas

Shampoo: Apply twice weekly x 4 weeks.

Ketorolac (Acular, Toradol); NSAID; Inj per mL: 15, 30 mg

Ophth soln: 0.5% [3, 5, 10 mL]

Tab: 10 mg; **IV/IM:**

2-16 yrs: 0.4-1 mg/kg x 1 (single dose) or 0.4 mg/kg/dose q6h prn (max 30 mg/dose IV, 60 mg/dose IM)

>16 yrs: 60 mg IM x 1 or 30 mg IV x 1 (single dose) or 30 mg IV q6h

PO: >16 yrs: 10 mg qid.

Do not use for longer than 72 hours due to risk of gastric bleeding.

Ophth soln: ≥3 yrs: Instill one drop in affected eye(s) qid for seasonal allergic conjunctivitis

Ketotifen fumarate (Zaditor); Antihistamine, Mast Cell Stabilizer; Ophth soln: 0.025% [5, 7.5 mL]; Adolescents: Instill one drop in affected eye(s) q8-12h

Indicated for allergic conjunctivitis. Do not wear contact lenses.

Labetalol (Normodyne, Trandate); Alpha/beta- Adrenergic Blocker ; Inj: 5 mg/mL

Tab: 100, 200, 300 mg; **PO:** Initially 3-4 mg/kg/day bid, titrate up to 20-40 mg/kg/day q6-8h (max 2.4gm/day).

IV: 0.25-1 mg/kg/dose q10-15 min (max 20 mg), titrate to effect

Continuous IV Infusion: 0.4-1 mg/kg/hr (max or 3 mg/kg/hr)

Contraindicated in heart failure, bronchospastic lung disease, and diabetes.

Lactulose (Cephulac); Laxative, Ammonia Detoxicant; Syr: 10 gm/15 mL; Infants: 2.5-10 mL/day PO divided 3-4 times/day; adjust dosage to produce 2-3 soft stools per day

Children: 40-90 mL/day PO divided 3-4 times/day; adjust dosage to produce 2-3 soft stools per day

Lamivudine (Epiriv, 3-TC); Antiretroviral, Nucleoside Analog Reverse Transcriptase Inhibitor; Soln: 10 mg/mL

Tab: 150 mg; 3 mos-12 yrs: 2-4 mg/kg/dose PO bid (max 150 mg/dose)

>12 yrs:

<50 kg: 2 mg/kg/dose PO bid

>50 kg: 150 mg PO bid

Pancreatitis, increased liver enzymes, peripheral neuropathy.

Lamotrigine (Lamictal); Anticonvulsant; Tab: 25, 100, 150, 200 mg

Tab, chew: 2, 5, 25 mg; Round all doses to nearest tablet size.

Adding to regimen containing valproic acid:

2-12 yrs: 0.15 mg/kg/day PO qd-bid weeks 1-2, then increase to 0.3 mg/kg/day PO qd-bid weeks 3-4, then increase q1-2 weeks by 0.3 mg/kg/day to usual maintenance dose 1-5 mg/kg/day qd-bid (max 200 mg/day)

>12 yrs: 25 mg PO qOD weeks 1-2, then increase to 25 mg PO qd weeks 3-4, then increase q1-2 weeks by 25-50 mg/day to maintenance dose 100-400 mg/day PO qd-bid

Adding to enzyme-inducing antiepileptic regimen without valproic acid:

2-12 yrs: 0.6 mg/kg/day PO bid during weeks 1-2, then increase to 1.2 mg/kg/day PO bid weeks 3-4, then increase q1-2 weeks by 1.2 mg/kg/day to usual maintenance dose 5-15 mg/kg/day PO bid (max 400 mg/day)

>12 yrs: 50 mg PO qd during weeks 1-2, then increase to 50 mg PO bid weeks 3-4, then increase q1-2 weeks by 100 mg/day to usual maintenance dose 300-500 mg/day PO bid

Round dose down to the nearest 5 mg to use whole tablets.

Lansoprazole (Prevacid); Proton Pump Inhibitor; Cap, DR: 15, 30 mg

Granules for oral suspension: 15, 30 mg; **GERD:**

<10 kg: 7.5 mg PO qd

10-20 kg: 15 mg PO qd
>20 kg: 30 mg PO qd
≥12 yrs: 15-30 mg PO qd

Helicobacter pylori:

>20 kg: 30 mg PO bid (with amoxicillin and clarithromycin)
Granules must be mixed in 30 mL water, stirred well, and drunk immediately. The granules cannot be chewed. This dosage form is not for NG use due to increased viscosity from xanthan gum used in the formulation which will result in tube blockage.
Simplified lansoprazole suspension can be made by dissolving the contents of the capsules in sodium bicarbonate. Stable for 14 days at room temperature or for 30 days under refrigeration. Capsule contents may be mixed with applesauce.

Leucovorin (Wellcovorin); Folic Acid Derivative; Inj: 10 mg/mL

Tab: 5, 10, 15, 25 mg; Adjunctive treatment with sulfadiazine to prevent hematologic toxicity: 5-10 mg PO/IV qd

Adjunctive treatment with pyrimethamine: 25 mg PO q week

Levalbuterol (Xopenex); Beta-2 Adrenergic Agonist; Soln for inh per 3 mL: 0.63, 1.25 mg; 6 -11 yrs: 0.31 mg nebulized tid

≥12yrs: 0.63 mg nebulized tid, may increase if needed to 1.25 mg tid

0.63 mg levalbuterol is comparable to 1.25 mg albuterol.

The R-isomer (active isomer) of racemic albuterol.

Levetiracetam (Keppra); Anticonvulsant; Tab: 250, 500, 750 mg; 4-16 yrs: 10-20 mg/kg/day PO bid (max 1000 mg/day), may increase by 10-20 mg/kg/day q2 weeks to max of 60 mg/kg/day bid (max 3000 mg/day)

>16 yrs: 500 mg PO bid, may increase as needed to max of 3000 mg/day

May cause dizziness and somnolence.

Levothyroxine (Levothroid, Synthroid, Unithroid); Thyroid Hormone; Inj: 0.2, 0.5 mg/vial

Tab: 25, 50, 75, 88, 100, 112, 125, 137, 150, 175, 200, 300 mcg; **PO:**

0-6 mos: 8-10 mcg/kg/day qd (or 25-50 mcg/day)

6-12 mos: 6-8 mcg/kg/day qd (or 50-75 mcg/day)

1-5 yrs: 5-6 mcg/kg/day qd (or 75-100 mcg/day)

6-12 yrs: 4-5 mcg/kg/day qd (or 100-150 mcg/day)

>12 yrs: 2-3 mcg/kg/day qd (or ≥150 mcg/day)

Adolescents/Adults: 12.5-50 mcg/day qd to start, titrate as needed (average 100-200 mcg/day)

IV/IM: Use 50% of oral dose.

Monitor thyroid function tests and clinical signs of hyperthyroidism and hypothyroidism.

Lidocaine (Xylocaine); Antiarrhythmic, Class 1B; Cream: 0.5% [120 gm], 4% [5, 30 gm]

Gel: 0.5% [85, 120, 240 gm], 2.5% [15 gm]

Inj: 0.5, 1, 2, 4, 10, 20%

Jelly: 2% [15, 30, 240 mL]

Liq, topical: 5% [30 mL]

Liq, viscous: 2% [20, 100 mL]

Oint: 2.5% [37.5 gm], 5% [3.5, 35, 50 gm]

Patch, transdermal: 5%

Soln, topical: 2% [20, 50, 100, 450 mL], 4% [50 mL]

Spray: 0.5% [135 mL], 10% [1, 30 mL]; **IV:** 0.5-1.0 mg/kg IV bolus (may repeat in 10-15 minutes), followed by 20-50 mcg/kg/min continuous IV infusion

ET: 1 mg/kg/dose, repeat prn

SC: Infiltrate desired area SC for local anesthesia to max dose of 4.5 mg/kg

Topical: Apply to affected area prn pain (max 3 mg/kg/dose)

Transdermal patch: for herpetic neuralgia, apply 12 hours on then 12 hours off to most painful area

Therapeutic serum levels: 1.5-5 mcg/mL

Lidocaine, liposomal (ELA-Max); Topical Anesthetic; Cream: 4% [5, 30 gm]; **Topical Analgesia:**

Apply to skin for 10-60 minutes. Occlusive dressing is optional.

Available OTC.

Lindane (B-Well); Antiparasitic, Scabicide Agent; Lotion: 1% [30, 60 mL]

Shampoo: 1% [30, 60 mL]; Do not use in <2 yrs or in pregnant or lactating women. Not for internal use (topical only).

Scabies: Massage a thin layer of cream or lotion from neck to toes (including soles). Do not apply to face, eyes, or mucous membranes. Bathe after 6-8 hours for children and after 8-12 hours for adolescents. May repeat in one week. For <6 yrs, 30 mL lotion is sufficient. For ≥6 yrs, maximum is 60 mL lotion.

Lice (pediculosis, "crabs"): Apply 30-60 mL of shampoo to dry hair. Work thoroughly into hair and allow to remain for 4 min. Add small amount of water to lather. Rinse thoroughly and towel dry. Use fine tooth comb to remove nits. May repeat in one week.

Overdosage can cause neurotoxicity. Use with caution in infants and small children.

Linezolid; Antibacterial, Oxazolidinone; Inj: 200, 400, 600 mg

Susp: 20 mg/mL

Tab: 400, 600 mg; Complicated skin infections, pneumonia, VRE infections:

Birth-11 yrs: 30 mg/kg/day PO/IV q8h

≥12 yrs: 600 mg PO/IV q12h

Uncomplicated skin infection:

<5 yrs: 30 mg/kg/day PO/IV q8h

5-11 yrs: 20 mg/kg/day PO/IV q12h

12-17 yrs: 600 mg PO q12h

≥18 yrs: 400 mg PO q12h

Reserve use for vancomycin-resistant Enterococcus, Strep pneumo, Staph aureus, and Streptococcus species.

Lodoxamide (Alomide); Ophthalmic Decongestant; Ophth soln: 0.1% [10 mL]; >2 yrs: 1-2 drops in each eye qid

Transient burning or stinging. Do not wear contact lenses.

Loperamide (Imodium AD); Antidiarrheal; Cap: 2 mg

Cplt: 2 mg
Liq: 1 mg/5 mL
Tab: 2 mg

Tab, chew: 2 mg; **Acute Diarrhea:**

2-5 yrs: 1 mg PO tid
6-8 yrs: 2 mg bid
8-12 yrs: 2 mg tid
>12 yrs: 4 mg x 1, then 2 mg after each loose stool (max 16 mg/day)
Discontinue if no improvement in 48 hours.

Chronic diarrhea: 0.08-0.24 mg/kg/day PO bid-tid; max 2 mg/dose.

Available OTC. Drink ample fluids to avoid dehydration.

Loracarbef (Lorabid); Antibacterial, Carbacephem; Cap: 200, 400 mg
Susp per 5 mL: 100, 200 mg; 15-30 mg/kg/day PO bid (max 800 mg/day)

Administer on an empty stomach. The suspension produces higher serum levels than the capsules due to better bioavailability.

Loratidine (Claritin)
Antihistamine; Syr: 1 mg/mL

Tab: 10 mg

Tab, rapidly disintegrating: 10 mg; 2-5 yrs: 5 mg PO qd

≥6 yrs: 10 mg PO qd

May cause drowsiness. The 10-mg tablet is available as a "Reditab" - a rapidly disintegrating tablet that will dissolve on the tongue without water. All dosage forms available OTC.

Lorazepam (Ativan)

(C-IV) ; Benzodiazepine; Inj per mL: 2, 4 mg

Soln, conc oral: 2 mg/mL

Tab: 0.5, 1, 2 mg; 0.05-0.1 mg/kg/dose IM/IV/PO q4h prn (max 4 mg/dose)

Reversible with flumazenil.

Magnesium chloride (Slow-Mag); Electrolyte Supplement; Tab SR: 535 mg [5.2 mEq]; One tablet PO qd. Titrate to desired serum magnesium level.
One tablet contains 64 mg elemental Mg. Tablet must be swallowed whole.

Magnesium citrate; Cathartic; Soln: 6% [300 mL]; <6 yrs: 2-4 mL/kg/dose PO (max 100 mL)

6-12 yrs: 100-150 mL PO

>12 yrs: 150-300 mL PO

Contains 3.85-4.71 mEq magnesium per 5 mL.

Magnesium gluconate (Magonate); Electrolyte Supplement; Liq: 1000 mg/5mL (54 mg elemental Mg/5 mL, 4.8 mEq/5 mL)

Tab: 500 mg (27 mg elemental Mg, 2.4 mEq); 10-20 mg/kg/dose **elemental magnesium** PO qid

Magnesium hydroxide (Milk of Magnesia); Laxative; Susp: 400 mg/5 mL, 800 mg/5 mL

Tab, chew: 311 mg; <2 yrs: 40 mg/kg/dose (max 400 mg) PO q6h prn

2-5 yrs: 400-1200 mg/dose PO q6h prn

6-12 yrs: 1200-2400 mg/dose PO q6h prn

>12 yrs: 4800 mg/dose PO q6h prn

Magnesium sulfate; Electrolyte Supplement; Inj: 10% [100 mg/mL], 12.5% [125 mg/mL]; 50% [500 mg/mL]

Soln: 50% [500 mg/mL]; 100-200 mg/kg/dose PO q6h prn

25-50 mg/kg/dose IV q4-6h prn (max single dose 2000 mg)

Daily Maintenance (IV): 30-60 mg/kg/day in maintenance IV solution.

500 mg MgSO_4 = 4.06 mEq elemental magnesium = 49.3 mg elemental magnesium. Maximum infusion rate 125 mg/kg/hr.

Magnesium oxide; Electrolyte supplement; Tab: 400, 420, 500 mg

Cap: 140 mg; 10-20 mg/kg/dose **elemental magnesium** PO qid.

Contains 60.4% elemental magnesium (25 mEq per 500 mg salt).

Malathion (Ovide); Scabicide; Lotion: 0.5% [59 mL]; Apply to dry hair and rub gently until scalp is thoroughly moistened. Allow to dry naturally (use no heat and leave uncovered). After 8-12 hours wash hair with nonmedicated shampoo. Rinse and use fine-toothed comb to remove dead lice and eggs. May repeat in 7-9 days.
Not for internal use.

Mannitol (Osmitol); Diuretic, osmotic; Inj: 5, 10, 15, 20, 25%; 0.25-1 gm/kg/dose IV q4-6h prn

Use in-line filter when infusing. Visually inspect for precipitation.

Measles Virus Vaccine (Attenuvax); Vaccine; Inj: 0.5 mL; 0.5 mL SC

See Immunization Schedule in appendix for timing.

Measles and Rubella Vaccine (M-R-Vax II); Vaccine; Inj: 0.5 mL; 0.5 mL SC

See Immunization Schedule in appendix for timing.

Measles, mumps, rubella vaccine (M-M-R II); Vaccine; Inj: 0.5 mL; 0.5 mL SC

See Immunization Schedule in appendix for timing.

Mebendazole (Vermox); Anthelmintic; Tab, chew: 100 mg; **>2 yrs**

Pinworms: 100 mg PO as a single dose; may require repeat course in 2 weeks.

Other helminths (eg, hookworms, roundworms, whipworms): 100 mg PO bid for 3 days. May repeat course in 3-4 weeks.

Administer with food. May swallow tablet whole or crush.

Meclizine (Antivert, Bonine); Antihistamine; Cap: 25, 30 mg

Tab: 12.5, 25, 50 mg
Tab, chew: 25 mg
Tab, film coated: 25 mg; **>12 yrs**
Motion Sickness: 25-50 mg PO 1h before travel, repeat q24h prn
Vertigo: 25-100 mg/day PO bid-qid
May cause drowsiness.
Medroxyprogesterone (Provera, Depo-Provera); Progestin; Inj: 150 mg/mL
Tab: 2.5, 5, 10 mg; Adolescents:
Amenorrhea: 5-10 mg PO qd x 5-10 days OR 2.5 mg PO qd
Abnormal Uterine Bleeding: 5-10 mg PO qd for 5-10 days starting on day 16 or 21 of menstrual cycle.
Contraception: 150 mg deep IM q3 months. Exclude pregnancy before administering
Meningococcal polysaccharide vaccine (Menomune); Vaccine; Inj: 0.5 mL; 0.5 mL SC
Consider administration in high-risk patient populations (eg, college students, military recruits, known exposure to disease).

Meperidine (Demerol) (C-II); Opioid Narcotic ; Inj per mL: 10, 25, 50, 75, 100 mg
Syr: 50 mg/5 mL
Tab: 50, 100 mg; 1-1.5 mg/kg/dose IM/IV/PO/SC q3-4h prn pain (max 100 mg/dose)
Use with caution in renal failure; the active metabolite, normeperidine, has a prolonged half-life and can cause seizures.

Meropenem (Merrem); Antibacterial, Carbapenem; Inj: 500, 1000 mg; ≥ 3 mos: 60 mg/kg/day IV q8h. For meningitis or cystic fibrosis patients or febrile neutropenic patients, use 120 mg/kg/day IV q8h (max dose 6 gm/day)
Less likely than Primaxin to cause seizures.

Mesalamine (Asacol, Pentasa, Rowasa, 5-aminosalicylic acid, 5-ASA); Anti-inflammatory Agent; Cap CR: 250 mg
Supp: 500 mg
Susp, rectal: 4 gm/60 mL
Tab, DR: 400 mg; **Adolescents with Ulcerative Colitis**
Cap: 50 mg/kg/day PO qid or 1 gm PO qid
Retention enema: 60 mL qhs, retained overnight (for approximately 8 hrs) for 3-6 weeks
Rectal suppository: 500 mg PR bid (retained for 1-3 hours) for 3-6 weeks, may increase to tid
Tab, DR: 50 mg/kg/day PO q8-12h (max 2400 mg/day)

Metaproterenol (Alupent); Beta-2 Adrenergic Agonist; MDI: 0.65 mg/puff [100 puffs/7 gm, 200 puffs/14 gm]
Soln for inhalation: 0.4%, 0.6%, 5%
Syr: 2 mg/mL
Tab: 10, 20 mg; **MDI:** 2-3 puffs q3-4h prn (max 12 puffs/day)
PO:
<2 yrs: 0.4 mg/kg/dose tid-qid
2-5 yrs: 1.3-2.6 mg/kg/day tid-qid
6-9 yrs: 10 mg tid-qid
>9 yrs: 20 mg tid-qid
Nebulizer: 0.01-0.02 mL/kg of 5% soln (min 0.1 mL, max 0.3 mL) diluted in 2-3 mL NS q4h prn or equivalent dose of 0.4% or 0.6% soln

Methadone (C-II) (Dolophine); Opioid Narcotic ; Soln: 1 mg/mL, 2 mg/mL, 10 mg/mL
Tab: 5, 10 mg; 0.4-0.7 mg/kg/day PO q4-12h (max 10 mg/dose)
Used for drug withdrawal and analgesia.

Methamphetamine (C-II) (Desoxyn); CNS Stimulant; Tab: 5 mg; **Attention-Deficit Disorder:** >6yrs: Initially 5 mg PO qd-bid; may increase in increments of 5 mg/day weekly. Usual dose is 20-25 mg/day qAM or bid (in AM and at noon).

Methenamine hippurate (Hiprex); Antibacterial; Tab: 1000 mg; >12 yrs: 1 gm PO bid.
Administer with food.

Methenamine mandelate (Mandelamine); Antibacterial; Susp: 250 mg/5 mL
Tab, EC: 500, 1000 mg ; 6-12 yrs: 50-75 mg/kg/day PO q6-8h or 75 mg/kg/day PO q12h (max 4 gm/day)
>12 yrs: 1 gm PO qid after meals and at bedtime.
Administer with food to minimize GI upset.

Methylphenidate (C-II) (Concerta, Metadate ER, Ritalin); CNS Stimulant; Cap, CR (Metadate CD): 20 mg
Cap, LA (Ritalin LA): 20, 30, 40 mg
Tab: 5, 10, 20 mg
Tab, SR (Concerta): 18, 27, 36, 54 mg
Tab, SR (Metadate ER): 10, 20 mg
Tab, SR (Ritalin SR): 20 mg; **Attention-Deficit Disorder (PO):** >6 yrs: Initially 0.3 mg/kg/dose or 2.5-5 mg/dose given before morning meal and before midday meal; increase by 0.1 mg/kg/dose or by 5-10 mg/day at weekly intervals; usual maintenance dose 0.5-1 mg/kg/day (max 2 mg/kg/day or 60 mg/day). Once titrated to effective dose, may change to SR tab qAM.
Concerta is an SR product with part of the dose being immediately released and part being sustained release. Dose of 18 mg PO qAM can be used in patients receiving 5 mg PO bid-tid or 20 mg SR qAM. Dose of 36 mg PO qAM can be used in patients receiving 10 mg PO bid-tid or 40 mg SR qAM. Dose of 54 mg PO qAM can be used in patients receiving 15 mg PO bid-tid or 60 mg PO qAM.
Metadate contains both immediate-release beads (30%) and extended-release beads (70%).

Methylprednisolone base (Medrol); Corticosteroid; Tab: 2, 4, 8, 16, 24, 32 mg; **Anti-inflammatory:** 0.5-1.7 mg/kg/day PO q6-12h or 5-25 mg/m²/day PO q6-12h (usual max 60 mg/day)
Take with food to decrease GI upset.

Methylprednisolone acetate (Depo-Medrol); Corticosteroid; Inj: 20, 40, 80 mg/mL; **Adolescents:** 10-80 mg IM qd
The acetate salt cannot be given IV.

Methylprednisolone sodium succinate (Solu-Medrol); Corticosteroid; Inj: 40, 125, 500 mg; 1, 2 gm; **Status Asthmaticus:** 2 mg/kg/dose IV/IM q6h x 1-4 doses, then 0.5-1 mg/kg/dose IV/IM q6h (usual max 125 mg/dose)

Anti-inflammatory: 0.5-1.7 mg/kg/day IV/IM q6-12h.

Lupus nephritis: 30 mg/kg IV qod x 6 doses. Infuse each dose over at least 30 minutes

Acute spinal cord injury: 30 mg/kg IV over 15 min, followed by 5.4 mg/kg/hr infusion for 23 hrs

Metoclopramide (Reglan); Gastrointestinal Stimulant, Antiemetic; Inj: 5 mg/mL

Soln, concentrate: 10 mg/mL

Syr: 1 mg/mL

Tab: 5, 10 mg; **Gastroesophageal Reflux (PO/IM/IV):** 0.4-0.8 mg/kg/day qid (max 10 mg/dose)

Antiemetic, chemotherapy induced: 1 mg/kg IV q4h prn. To prevent extrapyramidal reactions associated with this high dose, pretreat with diphenhydramine 1 mg/kg IV.

Nasojejunal tube placement: 0.1 mg/kg IV (max 10 mg/dose)

Metolazone (Zaroxolyn); Diuretic, Thiazide; Tab: 0.5, 2.5, 5, 10 mg; 0.2-0.4 mg/kg/day PO q12-24h (max 10 mg/day)

Administer with food to decrease GI upset. Extemporaneously prepared suspension can be made with three months stability under refrigeration.

Metronidazole (Flagyl); Antibacterial; Cap: 375 mg

Cream: 0.75% [45 gm], 1% [30, 45 gm]

Gel: 0.75% [30, 45 gm]

Inj: 500 mg

Lotion: 0.75% [60 mL]

Tab: 250, 500 mg

Tab ER: 750 mg; **Anaerobic infections:** 30 mg/kg/day PO/ IV q6-8h (max 4 gm/ day).

Clostridium difficile: 20-35 mg/kg/day PO/IV q6h (max 4 gm/ day). Oral route is preferred.

Amebiasis: 35-50 mg/kg/day PO tid (max 2250 mg/day)

Other parasitic infections: 15-30 mg/kg/day PO tid (max 750 mg/day).

Helicobacter: 15-20 mg/kg/day PO bid x 4 weeks (max 1500 mg/day) with amoxicillin and bismuth subsalicylate

Topical: Apply to affected area bid.

Reduce dosage in hepatic failure. Avoid alcohol due to risk of disulfiram-like reaction. May cause metallic taste.

Extemporaneously prepared suspension may be made from the tablets with 30-day stability under refrigeration.

Miconazole (Micatin, Monistat); Antifungal; Cream, topical: 2% [9, 15, 30, 90 gm]

Cream, vag: 2% [45 gm]

Liquid, spray: 2% [105, 113 mL]

Lotion: 2% [30, 60 mL]

Oint: 2% [28.4 gm]

Powd: 2% [70, 90 gm]

Powder, spray: 2% [42.5, 90, 100 gm]

Soln, topical: 2% [7, 29 mL]

Spray, topical: 2% [105, 113 mL]

Supp, vag: 100 mg [7's], 200 mg [3's], 1200 mg [1 dose]; **Vaginal:** Insert one applicatorful of vaginal cream or 100 mg suppository qhs x 7days or 200 mg suppository qhs x 3 days or 1200 mg suppository x 1 (single dose)

Topical: Apply to affected area bid

Midazolam (Versed) (C-IV); Benzodiazepine; Inj: 1 mg/mL, 5 mg/mL

Syr: 2 mg/mL [118 mL]; **Preoperative Sedation:**

IV: 0.05-0.1 mg/kg/dose; repeat q2-3 min prn up to total dose 0.1-0.2 mg/kg

IM: 0.05-0.15 mg/kg 30-60 min before surgery (max 5 mg/dose)

Sedation:

0.1 mg/kg IV q1-2h prn or loading dose 0.05-0.2 mg/kg IV, then continuous infusion 0.05-0.12 mg/kg/hr. Titrate as needed.

Oral: 0.2-0.4 mg/kg (max 15 mg) 30-45 minutes prior to procedure.

Intranasal: 0.2 mg/kg x 1 (using 5 mg/mL injectable product in a needleless syringe)

Respiratory depression, hypotension; reversible with flumazenil.

Milrinone (Primacor); Phosphodiesterase Enzyme Inhibitor; Inj: 1 mg/mL; Loading dose: 25-50 mcg/kg IV over 15 minutes followed by

Continuous IV infusion: 0.25-0.75 mcg/kg/min

Titrate dose to desired effect. Patient should be on continuous cardiac monitor. Monitor for hypotension.

Mineral oil (Fleet Mineral Oil Enema, Haley's MO); Laxative; Liquid, oral: 480 mL

Liq, rectal: 133 mL; **Oral:** 5-11 yrs: 5-15 mL qd-tid

>11 yrs: 15-45 mL qd-tid

Rectal: 2-11 yrs: 30-60 mL PR qd

>11 yrs: 60-150 mL PR qd

Mometasone (Elocon); Corticosteroid; Oint, cream: 0.1% [15, 45 gm]

Lotion: 0.1% [27.5, 55 mL]; Apply sparingly to affected area 2 times daily.

Medium-potency corticosteroid.

Mometasone (Nasonex); Corticosteroid; Nasal spray: 50 mcg/spray [120 sprays/17 gm]; 2-11 yrs: 1 spray in each nostril qd

≥12 yrs: 2 sprays in each nostril bid

Maximum benefit is usually achieved within 1-2 weeks. Decrease dose as tolerated to qd dosing.

Montelukast (Singulair); Leukotriene Receptor Antagonist; Granules for oral susp: 4 mg/packet [30's]

Tab: 10 mg

Tab, chew: 4, 5 mg; 12-23 mos: 4 mg PO qhs

2-5 yrs: 4 mg PO qhs

6-14 yrs: 5 mg PO qhs

>14 yrs: 10 mg PO qhs

No additional clinical benefits found for doses >10 mg/day.

Morphine sulfate (C-II)

(Astramorph, Duramorph, Oramorph, Roxanol, MS Contin); Opioid Narcotic ; Cap: 15, 30 mg

Cap SR: 20, 50, 100 mg

Inj per mL: 0.5, 1, 2, 4, 5, 8, 10, 15, 25, 50 mg

Soln: 10 mg/5 mL, 20 mg/5 mL, 20 mg/1 mL

Supp: 5, 10, 20, 30 mg

Tab: 15, 30 mg

Tab, ER: 15, 30, 60, 100, 200 mg

Tab, SR: 15, 30, 60, 100 mg; **IV/IM/SC:** 0.05-0.1 mg/kg/dose q2-4h prn (max 15 mg/dose)

IV infusion: Starting rate 0.01-0.05 mg/kg/hr; titrate to desired effect.

PCA (patient-controlled analgesia): 0.01-0.03 mg/kg/hr IV continuous infusion basal rate (max 2 mg/hr) and/or bolus doses 0.01-0.03 mg/kg IV q6-15 minutes. Delivery limit (basal rate and boluses): 10 mg/hr or 0.14 mg/kg/hr (whichever is smaller).

PO prompt release: 0.2-0.5 mg/kg/dose q4-6h prn (usual adult dose 30 mg).

PO sustained release: 0.3-0.6 mg/kg/dose bid prn

As tolerance develops, the dose should be titrated to desired effect. Reversible with naloxone.

Mumps vaccine (Mumpsavax); Vaccine; Inj: 0.5 mL; 0.5 mL SC

See Immunization Schedule in appendix for timing.

Mupirocin (Bactroban); Antibacterial; Cream: 2% [15, 30 gm]

Oint: 2% [15, 30 gm]

Oint, nasal: 2% [1 gm]; **Topical:** Apply 3-5 times daily.

Eradication of nasal colonization with MRSA: Apply 0.5 gm of nasal ointment to both nares bid for 5 days.

Nafcillin (Nafcil, Unipen); Antibacterial, Penicillin ; Inj: 1, 2 gm; **IV/IM:** Mild-Moderate infections: 50-100 mg/kg/day q6h

Severe infections: 100-200 mg/kg/day q4-6h (max 12 gm/day)

Naloxone (Narcan); Opioid Antagonist; Inj per mL: 0.02, 0.4, 1 mg; **Opioid Intoxication:**

0.1 mg/kg IV/IM/ET/SC (max 2 mg); repeat dose in 2-5 min as needed. If no improvement after 3 doses, a non-opioid drug overdose should be suspected. May precipitate acute withdrawal in addicts and newborns

Post-anesthesia narcotic reversal: 0.01 mg/kg IV, may repeat q2-3 minutes.

Naftifine (Naftin); Antifungal; Cream: 1% [15, 30, 60 gm]

Gel: 1% [20, 40, 60 gm]; Apply topically bid.

Naphazoline (Privine, VasoClear); Adrenergic Agonist; Drops, ophth: 0.012, 0.02, 0.1% [15 mL]

Drops, nasal: 0.05% [25 mL]

Spray, nasal: 0.05% [20 mL]; **Ophthalmologic:** >6 yrs: Instill 1-2 drops into conjunctival sac of affected eye(s) q3-4h

Nasal:

6-12 yrs: 1 drop/spray q6h prn

>12 yrs: 1-2 drops/sprays q3-6h prn

Therapy should not exceed 3-4 days. Not for use <6 yrs due to CNS depression.

Naproxen (Naprosyn); NSAID; Susp: 125 mg/5 mL

Tab: 250, 375, 500 mg

Tab, DR: 375, 500 mg; **>2 yrs:**

Analgesia: 5-7 mg/kg/dose PO q8-12h

Inflammatory disease: 10-15 mg/kg/day PO bid (max 1000 mg/day). Take with food.

Naproxen sodium (Aleve, Anaprox); NSAID; Tab: 220, 275, 550 mg

Tab, CR: 412.5, 550 mg; **>2 yrs:**

Analgesia: 5-7 mg/kg/dose PO q8-12h

Inflammatory: 10-15 mg/kg/day PO bid (max 1000 mg/day).

Take with food. 200 mg naproxen = 220 mg naproxen sodium.

Nedocromil (Alocril, Tilade); Antihistamine, Mast Cell Stabilizer; MDI: 1.75 mg/puff, 112 puffs/canister [16.2 gm]

Ophth soln: 2% [5 mL]; **MDI:** ≥6 yrs: 2 inhalations qid. May reduce dose to bid-tid once desired clinical response to initial dose is observed.

Ophth soln: ≥3 yrs: instill 1-2 drops in affected eye(s) bid

Nelfinavir (Viracept, NFV); Antiretroviral, Protease Inhibitor; Powd: 50 mg/scoop

Tab: 250 mg; 2-13 yrs: 20-30 mg/kg/dose PO q8h (max 750 mg/dose)

>13 yrs: 750 mg PO q8h or 1250 mg PO q12h

Diarrhea, abdominal cramps, flatulence; take with food. Oral powder may be mixed with a small amount of water or dietary supplement. Once mixed, it must be used within six hours.

Neomycin (Mycifradin); Antibacterial, Aminoglycoside; Cream: 0.5% [15 gm]

Oint: 0.5% [15, 30 gm]

Soln: 125 mg/5 mL

Tab: 500 mg; **Topical:** Apply to affected area bid

Oral: 50-100 mg/kg/day q6-8h (max 8 gm/day)

Pre-op Bowel Cleansing: 90 mg/kg/day PO q4h for 2 days (max 6 gm/day) or 25 mg/kg/dose PO (max 1 gm/dose) at 1 PM, 2 PM, 11 PM on day preceding surgery in combination with erythromycin and mechanical cleansing of bowel

Hepatic Coma: 2.5-7 g/m²/day PO q4-6h (max 12 gm/day)

Diarrhea caused by enteropathogenic E coli:

50 mg/kg/day PO q6h x 2-3 days

Nevirapine (Viramune, NVP); Antiretroviral, Non-nucleoside Reverse Transcriptase Inhibitor; Susp: 10 mg/ml

Tab, scored: 200 mg

>3 mos-12 yrs: 120 mg/m²/dose qd x 14 days, then increase to 120-200 mg/m²/dose q12h if no rash or other adverse reactions occur (max 200 mg/dose)

>12 yrs: initially 200 mg PO qd x 14 days, then increase to 200 mg PO bid
Severe life-threatening hepatotoxicity has been reported. Rash, fever, headache. Rash is less common when patients are started with a lower initial dose and then escalated up to usual maintenance dose. If rash develops, do not use prednisone as it may increase the incidence and severity of the rash. May take with or without food.

Nifedipine (Adalat, Procardia); Calcium Channel Blocker; Cap: 10, 20 mg
Tab SR: 30, 60, 90 mg; **Hypertension:** 0.6-0.9 mg/kg/day PO tid-qid (max 120-180 mg/day). May dose SR tablet q12-24h.
Hypertensive emergency: 0.25-0.5 mg/kg/dose (max 10 mg) PO/SL, may repeat in 4-6 hrs

Nitrofurantoin (Furadantin, Macrochantin); Antibacterial; Cap: 25, 50, 100 mg
Susp: 25 mg/5 mL; **Over 1 mos:**
Acute infection: 5-7 mg/kg/day PO qid (max 400 mg/day)
Chronic suppressive therapy for UTIs: 1-2 mg/kg/day PO q24h (max 100 mg/day)

Nitroprusside sodium (Nipride, Nitropress); Vasodilator; Inj: 25 mg/mL, 50 mg/mL ; 0.5-10 mcg/kg/min continuous IV infusion, titrate to desired effect
Monitor cyanide and thiocyanate levels if therapy is prolonged (>24 hours) or if renal function is impaired.

Norepinephrine (Levophed); Alpha-adrenergic Agent; Inj: 1 mg/mL; 0.05-2 mcg/kg/min continuous IV infusion; titrate to desired effect.
Increases contractility, tachycardia, vasoconstriction.

Nortriptyline (Aventyl, Pamelor); Tricyclic Antidepressant; Cap: 10, 25, 50, 75 mg
Soln: 10 mg/5mL; **Nocturnal enuresis** (give dose 30 minutes prior to bedtime):
6-7 yrs (20-25 kg): 10 mg PO qhs
8-11 yrs (25-35 kg): 10-20 mg PO qhs
>11 yrs (35-54 kg): 25-35 mg PO qhs
Depression:
6-12 yrs: 1-3 mg/kg/day PO tid-qid (max 20 mg/day)
>12 yrs: 1-3 mg/kg/day PO tid-qid (max 150 mg/day)
Therapeutic serum range 50-150 ng/mL.

Nystatin (Mycostatin, Nilstat); Antifungal; Cream/Oint: 100,000 U/gm [15, 30 gm]
Powder: 100,000 U/gm [15, 56.7 gm]
Susp: 100,000 U/mL [5, 60, 480 mL]
Tab: 500,000 U
Troche: 200,000 U
Vaginal tablet: 100,000 U; **Oral candidiasis:**
Infants: 1 mL of susp in each side of the mouth qid
Children: 5 mL swish and swallow qid
Adolescents: 5-10 mL swish and swallow qid
Topical: Apply topically bid-qid.
Troche: Dissolve 1-2 in mouth 4-5 times daily. Not absorbed orally; therefore, not effective for systemic infections.
Vaginal: Adolescents: 1 tablet vaginally qhs x 14 days

Octreotide (Sandostatin); Somatostatin Analog; Inj per mL: 0.05, 0.1, 0.2, 0.5, 1 mg; **Intermittent dosing:** 1-10 mcg/kg/dose SC/IV bid (max 50 mcg/dose)
Continuous infusion: 1 mcg/kg IV x 1 followed by 1 mcg/kg/hr

Ofloxacin (Floxin); Antibacterial, Fluoroquinolone; Inj: 4 mg/mL
Ophth soln: 0.3% [1, 5, 10 mL]
Tab: 200, 300, 400 mg; **Pelvic Inflammatory Disease (Adolescents):** 400 mg PO bid x 14 days (in combination with metronidazole 500 mg PO bid)
Bacterial corneal ulcer (ophth soln): instill 1-2 drops q 30 minutes while awake and awaken 4-6 hours after sleep to instill more (days 1-2), followed by 1-2 drops q1h while awake (days 3-7), followed by 1-2 drops qid (day 8 until treatment completion)
Conjunctivitis (ophth soln): instill 1-2 drops q2-4h (days 1-2) followed by 1-2 drops qid (days 3-7)
Otic use (ophth soln used as no otic product commercially available): instill 2 drops IN EARS qid

Olopatadine (Patanol); Antihistamine, ophthalmic; Ophth Soln: 0.1% [5 mL]; Instill 1-2 drops in affected eye(s) bid
Contact lenses should not be worn.
Olsalazine sodium (Dipentum); Bowel Anti-inflammatory Agent; Cap: 250 mg; >12 yrs: 250-500 mg/dose PO bid with food
Diarrhea often occurs.

Omeprazole (Prilosec); Proton Pump Inhibitor; Cap, DR: 10, 20, 40 mg; 1 mg/kg/day PO q12-24h (max 20 mg/day for duodenal ulcer, 40 mg/day for gastric ulcer, 60 mg/day for hypersecretory conditions).
Helicobacter pylori: 15-30kg: 10 mg PO bid, >30 kg: 20 mg PO bid
Simplified omeprazole suspension (SOS) is made by dissolving contents of capsule in sodium bicarbonate. SOS is stable for 14 days at room temperature or for 45 days under refrigeration. Diarrhea is a common side effect.

Ondansetron (Zofran); Antiemetic; Inj: 2 mg/mL
Soln: 4 mg/5 mL
Tab: 4, 8, 24 mg
Tab, orally disintegrating: 4, 8 mg; **Chemotherapy Induced Nausea (IV):** 0.15 mg/kg/dose (usual adult max 8 mg) given 30 min prior to chemotherapy and 4 hr and 8 hr later **or** 0.3 mg/kg/dose x 1 thirty minutes prior to chemotherapy **or** for severe cases, 0.15 mg/kg x 1, followed by 0.45 mg/kg/day (max 32 mg/day) as a continuous IV infusion
Post-op nausea and vomiting (IV): ≥2 yrs and <40 kg: 0.1 mg/kg IV x 1, >40 kg: 4 mg IV x 1
Oral: 4-11 yrs: 4 mg/dose PO 30 min prior to chemotherapy; may repeat 4h and 8h after 1st dose
>11 yrs: 8 mg/dose PO 30 min prior to chemotherapy; may repeat 4h and 8h after 1st dose
Most frequent side effects are diarrhea and headache. The orally disintegrating tablets dissolve on the tongue without any water.

Oral Polio vaccine (OPV, Orimune); Vaccine; PO: 0.5 mL; 0.5 mL PO
See Immunization Schedule in appendix for timing.

Oseltamivir (Tamiflu); Antiviral, Neuraminidase Inhibitor; Cap: 75 mg

Susp: 12 mg/mL; **≥1 year old to 12 yrs:**

≤15 kg: 2 mg/kg/dose PO bid

15.1-23 kg: 45 mg PO bid

23.1-40 kg: 60 mg PO bid

>40 kg: 75 mg PO bid

≥13 years (including adults):

>18 yrs: 75 mg PO bid

Approved for treatment of uncomplicated influenza A or B when patient has been symptomatic for no longer than 48 hrs. Treatment duration is 5 days.

Adjust dose in renal impairment.

Oxacillin (Prostaphlin, Bactocill); Antibacterial, Penicillin; Inj: 1, 2 gm ; 100-200 mg/kg/day IV/IM q4-6h (max 12 gm/day)

Oxybutynin (Ditropan); Urinary

Antispasmodic; Syr: 1 mg/mL

Tab: 5 mg

Tab ER: 5, 10, 15 mg; 1-5 yrs: 0.2 mg/kg/dose PO bid-qid

>5 yrs: 5 mg PO bid, may increase to tid or qid prn

When stabilized on dose, may change to same mg/day as ER tab PO qd.

Oxcarbazepine (Trileptal); Anticonvulsant; Susp: 300 mg/5 mL

Tab: 150, 300, 600 mg; 4-16 yrs: 8-10 mg/kg/day PO bid (max 600 mg/day), increase dose slowly over 2 weeks to: 20-29 kg 450 mg PO bid, 29.1-39kg

600 mg PO bid, >39 kg 900 mg PO bid

>16 yrs: 300 mg PO bid, increase by 600 mg/day q week to maximum of 1200 mg PO bid

Oxiconazole (Oxistat); Antifungal; Cream: 1% [15, 30, 60 gm]

Lotion: 1% [30 mL]; Apply topical qd.

Oxycodone (OxyContin, Roxicodone); Opioid Narcotic; Cap: 5 mg

Soln: 5 mg/mL, 20 mg/mL

Tab: 5, 15, 30 mg

Tab, CR: 10, 20, 40, 80, 160 mg

Immediate Release:

0.05 - 0.1 mg/kg PO q4-6h prn (max 5 mg/dose initially); titrate as needed for pain relief, usual max 30 mg PO q4h

Controlled Release:

≥18 yrs: 10 mg PO q12h, titrate as needed for pain relief

Use immediate release drug for breakthrough pain-usual dose 1/4 to 1/3 of q12h dose

Oxymetazoline (Afrin); Decongestant; Soln, ophth: 0.025 % [15, 30 mL]

Spray, nasal: 0.05% [15, 30 mL]

Ophth: ≥6yrs: 1-2 drops 2-4 times daily (at least six hours apart)

Nasal: ≥6yrs: Instill 2-3 drops or spray of 0.05% in each nostril bid

Rebound rhinitis is common; do not use longer than 3-5 days.

Palivizumab (Synagis); RSV Monoclonal Antibody; Inj: 50, 100 mg; 15 mg/kg IM once a month during RSV season (usually Nov-April). May not be given IV.

AAP-approved indications: (1) <2 yrs with chronic lung disease that has required medical treatment within the past six months; (2) chronological age <1 yr at start of RSV season and gestational age ≤28 weeks; (3) chronological age <6 months at start of RSV season and gestational age 29-32 weeks

Not indicated for treatment of RSV infection.

Pancuronium bromide (Pavulon); Neuromuscular Blocker, Nondepolarizing; Inj per mL: 1, 2 mg; 0.1 mg/kg IV prn

Continuous IV infusion: start at 0.1 mg/kg/hr and titrate as needed. Use peripheral nerve stimulator to assess level of paralysis.

Paromomycin (Humatin); Amebicide; Cap: 250 mg; Intestinal amebiasis: 25-30 mg/kg/day PO q8h x 7 days

Pemoline (Cylert) C-IV; CNS Stimulant; Tab: 18.75, 37.5, 75 mg

Tab, chew: 37.5 mg; All doses are oral. Clinical improvement is gradual; may require 3-4 weeks to see effect.

>6 yrs: Initially 37.5 mg qAM, increase by 18.75 mg/day at weekly intervals if needed. Usual dosage range 56.25-75 mg/day (max dose 112.5 mg/day)

May cause increased liver enzymes, which is usually reversible upon discontinuation of drug.

Penicillamine (Cuprimine); Antidote - Lead, Copper ; Cap: 125, 250 mg

Tab: 250 mg; **Lead Poisoning:** 20-30 mg/kg/day PO q6-8h (max 1.5 gm/day).

Rheumatoid Arthritis: Initially 3 mg/kg/day (max 250 mg/day) PO bid for 3 months, then 6 mg/kg/day PO (max 500 mg/day) bid for 3 months, then may increase to the maximum of 10 mg/kg/day PO tid-qid (max 1500 mg/day)

Take on an empty stomach.

Penicillin G benzathine (Bicillin L-A); Antibacterial, Penicillin; Inj: 600,000 Units/mL; **Group A Streptococcal pharyngitis:** 25,000-50,000 units/kg IM as a single dose (max 1.2 million units)

Primary Syphilis: 50,000 units/kg per week IM for 3 doses (max 2.4 million units/dose)

May not be given IV.

Penicillin G (Pentids); Antibacterial, Penicillin; Inj: 1, 2, 3, 5 MU (million units); **IV/IM:** 100,000-250,000 U/kg/day q4-6h, for severe infections may use up to 400,00 U/kg/day (max 24 million U/day)

Penicillin G Sodium contains 2 mEq Na/million unit.

Penicillin G Potassium contains 1.7 mEq K/million unit and 0.3 mEq Na/million unit.

Penicillin G procaine (Wycillin); Antibacterial, Penicillin; Inj: 600,000 U/mL [1, 2 mL]; 25,000-50,000 units/kg/day IM q12-24h (max 4.8 million unit/day)

This product may not be given IV.

Penicillin V potassium (Pen-Vee K, Veetids); Antibacterial, Penicillin; Soln per 5 mL: 125, 250 mg

Tab: 250, 500 mg; **Systemic Infections:** 25-50 mg/kg/day PO q6-8h (max 3 gm/day)

Prophylaxis of Pneumococcal Infections:

<2 mos to 3 yrs: 125 mg PO bid

4-5 yrs: 250 mg PO bid

>5 yrs: 250 mg PO bid. May discontinue penicillin prophylaxis after 5 years of age in children who have not experienced invasive pneumococcal infections and who have received the pneumococcal vaccine.

Pentamidine isethionate (Nebupent, Pentam); Antiprotozoal; Inhalation: 300 mg

Inj: 300 mg; **Prophylaxis for of PCP (Pneumocystis carinii pneumonia):** 4 mg/kg/dose IV /IM q2-4 weeks or

<5 yrs: 8 mg/kg inhaled q3-4 wk (max 300 mg)

≥5 yrs: 300 mg inhaled q3-4 wk

Treatment of PCP: 4 mg/kg/dose IV/IM qd x 10-14d (IV therapy is preferred)

Pentobarbital (Nembutal) (C-II); Barbiturate; Cap: 50, 100 mg

Elix: 20 mg/5 mL

Inj: 50 mg/mL

Supp: 30, 60, 120, 200 mg

Sedation (PR):

2-12 mos: 30 mg

1-4 yrs: 30-60 mg

5-12 yrs: 60 mg

>12yrs: 60-120 mg

Pre-op sedation: 2-6 mg/kg PO/IM x 1 (max 100 mg) or 1-3 mg/kg IV x 1

Pentobarbital coma: loading dose 10-15 mg/kg IV over 1-2 hours followed by 2-3 mg/kg/hr continuous IV infusion

Therapeutic serum levels for pentobarbital coma: 20-40 mcg/mL

Permethrin (Acticin, Elimate, Nix); Antiparasitic; Cream: 5% [60 gm]

Liquid cream rinse: 1% [60 mL]; **Scabies:** Massage in cream from head to soles of feet. Remove by washing after 8-14 hours. 30 gm is sufficient for an adult. May repeat in one week.

Head Lice: Saturate hair and scalp (especially behind ears and on nape of neck). Allow to remain on the hair for 10 min before rinsing. Towel dry hair. Single treatment is sufficient. Alternatively, may apply to clean dry hair and leave on overnight (8-14 hours) under a shower cap) and then rinse hair in the morning. May repeat in one week of live mites appear. Must also clean bedding.

Phenazopyridine (Pyridium); Local Urinary Anesthetic; Tab: 100, 150, 200 mg; ≥6yrs: 12 mg/kg/day PO tid (max 200 mg/dose) for 2 days only.

Causes red-orange urine color which can stain clothing. This drug has topical analgesic effect on urinary tract mucosa for relief of symptoms of a UTI. It is NOT an antibiotic and does NOT cure an infection.

Phenobarbital (C-IV) (Luminal); Barbiturate; Cap: 16 mg

Elixir: 20 mg/5 mL

Inj per mL: 30, 60, 65, 130 mg

Tab: 15, 16, 30, 60, 90, 100 mg; **Status Epilepticus:** 15-18 mg/kg IV in a single or divided dose; may give additional 5 mg/kg/dose every 15-30 min until seizure is controlled or a total dose of 30 mg/kg is reached; respiratory support may be needed.

Anticonvulsant Maintenance:

Infants: 5-6 mg/kg/day PO/IV q12-24h; 1-5 yrs: 6-8 mg/kg/day PO/IV q12h

5 - 12 yrs: 5 mg/kg/day PO/IV qd-bid

>12 yrs: 1-3 mg/kg/day PO/IV qd-bid

Sedation: 2 mg/kg/dose PO tid (max 120 mg/day)

Hypnotic (IM/IV/SC): 3-5 mg/kg qhs. Adults: 100-320 mg qhs.

Hyperbilirubinemia: <12 yrs: 3-8 mg/kg/day PO q12h

Therapeutic serum levels: 15-40 mcg/mL

Phenylephrine (Neo-Synephrine); Alpha-adrenergic Agent; Drops, nasal: 0.25, 0.5, 1% [15, 30 mL]

Inj: 10 mg/mL

Ophth soln: 0.12% [0.3, 15, 20 mL], 2.5% [2, 3, 5, 15 mL], 10% [2, 5 mL]

Spray, nasal: 0.25, 0.5, 1% [15, 30 mL]; **Nasal:**

Infants: 1-2 drops in each nostril q3-4h using 0.125% concentration

1-5 yrs: 2-3 drops in each nostril q3-4h prn using 0.125% concentration

6-12 yrs: 2-3 drops/spray in each nostril q3-4h prn using 0.25% concentration

>12 yrs: 2-3 drops or 1-2 sprays in each nostril q3-4h prn using 0.25-0.5 % concentration

Note: 0.125% concentration no longer commercially available; dilute 0.25% with an equal volume of normal saline.

Ophth: Use 1 drop of 2.5% soln prior to procedure

IV: 0.1-0.5 mcg/kg/min IV continuous infusion

Phenytoin (Dilantin); Anticonvulsant; Cap: 100 mg

Cap ER: 30, 100 mg

Inj: 50 mg/mL

Susp: 125 mg/5 mL

Tab, chew: 50 mg; **Status Epilepticus:** 15-18 mg/kg IV in a single or divided dose.

Oral Loading dose: 15-20 mg/kg PO; administer oral loading dose in 3 divided doses given q2-4h.

Maintenance; Infants and Children: Initially 5 mg/kg/day PO/IV q12h; may need to increase up to 10 mg/kg/day PO/IV q8-12h.

Adults: 300 mg/day PO/IV or 4-6 mg/kg/day in 2-3 divided doses or in 1-2 divided doses using extended-release capsules.

Therapeutic serum levels: 10-20 mcg/mL

Cardiac depressant side effects with IV administration; maximum infusion rate is 1 mg/kg/min (up to max rate 50 mg/min). Nystagmus and ataxia are early signs of toxicity. Gum hyperplasia and hirsutism occur with long-term use. Only Kapseals (ER caps) may be dosed qd.

Phytonadione (Aqua-mephyton); Vitamin K₁; Inj per mL: 2, 10 mg

Tab: 5 mg; **Hemorrhagic Disease in Newborns:**

Prophylaxis: 0.5-1 mg IM/SC within 1 hour after birth

Treatment: 1-2 mg SC or IM

Oral anticoagulant overdose:

If no bleeding and rapid reversal needed and patient will require further oral anticoagulation therapy, give 0.5-2mg IV/SC
If no bleeding and rapid reversal needed and patient will not require further oral anticoagulation therapy, give 2-5 mg IV/SC
If significant bleeding but not life-threatening, give 0.5-2 mg IV/SC
If significant bleeding and life-threatening, give 5 mg IV

Vitamin K deficiency:

Infants and Children: 2.5-5 mg PO qd or 1-2 mg SC/IV/IM qd

Adults: 5-10 mg PO/SC/IV/IM qd

Note: IV administration can cause hypotension and anaphylactic reactions.

Pirbuterol (Maxair); Beta₂ Adrenergic Agonist; MDI: 200 mcg/puff [80 puffs/2.8 gm, 300 puffs/25.6gm; 400 puffs/14 gm]; ≥12 yrs: 1-2 puffs q4-6h (max 12 puffs/day)

Pneumococcal conjugate vaccine (Prevnar); Vaccine; Inj: 0.5 mL; 0.5 mL IM

See Immunization Schedule in appendix for timing.

Prevnar is the first multivalent conjugate pneumococcal vaccine approved for children <2 yrs.

Pneumococcal Polyvalent Vaccine (Pneumovax, Pnu-Imune); Vaccine; Inj: 0.5 mL; ≥2 yrs: 0.5 mL SC/IM

See Immunization Schedule in appendix for timing.

Polyethylene glycol solution (MiraLax); Laxative; Bulk powder: 14, 26 ounces; Children: 1 tsp (1/3 capful) powder dissolved in 3 ounces fluid.

Adolescents: 1 tablespoon (17gm = 1 capful) powder dissolved in 8 ounces fluid.

The bottle cap is marked with a line to indicate 17 gm of powder (which equals one tablespoon or three teaspoons).

Tasteless, therefore quite palatable. Can dissolve in water or any beverage.

Polymyxin B (Poly-Rx); Antibacterial; Inj: 500,000 units

Powder for prescription compounding: 100 million units; **Continuous Bladder irrigation:** 20 mg (200,000 units) added to 1 L of normal saline; administration rate is adjusted to patient's urine output (max 1 L of irrigant per day).

Gut sterilization: 100,00-200,000 units/kg/day PO q6-8h using injectable solution orally.

Polyethylene glycol - electrolyte solution (PEG-ES, CoLyte, Golytely, Nu-Lytely, OCL); Bowel Evacuant; Bottle: 1500, 4000 mL; 25-40 mL/kg/hr PO/NG until rectal effluent is clear (usually 4-10 hours)

Adolescents: drink 240 mL (eight ounces) q10 minutes or 20-30 mL/min via NG until 4 liters are consumed or rectal effluent is clear

Chill solution to improve palatability. NG administration is often necessary in children. Depending on brand, contains varying amounts of sodium, potassium, chloride, and bicarbonate.

Potassium acetate; Electrolyte Supplement; Inj: 2 mEq/mL, 4 mEq/mL; 0.5-1 mEq/kg/dose IV (max: 30 mEq/dose) to infuse at 0.25-0.5 mEq/kg/hr (max 1 mEq/kg/hr)

Requires EKG monitoring during infusion. Must be diluted prior to administration.

Potassium chloride (Kaon-Cl, KCl, Micro-K, Slow-K); Electrolyte Supplement; Cap CR: 600 mg [8 mEq]; 750 mg [10 mEq]

Inj: 2, 3 mEq/mL

Liq: 10% (20 mEq/15 mL), 15% (30 mEq/15 mL), 20% (40 mEq/15 mL)

Tab, CR: 500 mg [6.7 mEq], 600 mg [8 mEq]

Tab SR: 500 mg [6.7 mEq], 600 mg [8 mEq], 750 mg [10 mEq], 1500 mg [20 mEq]; **Maintenance requirements:**

Newborns: 2-6 mEq/kg/day

Children: 2-3 mEq/kg/day

Prevention of hypokalemia during diuretic therapy: 1-2 mEq/kg/day PO qd-bid

Treatment of hypokalemia (PO/IV): Children: 2-5 mEq/kg/day in divided doses

Adults: 40-100 mEq/day in divided doses

IV intermittent infusion: 0.5-1 mEq/kg/dose (max: 30 mEq/dose) to infuse at 0.25-0.5 mEq/kg/hr (max 1 mEq/kg/hr). IV bolus potassium requires EKG monitoring.

Potassium phosphate

(K-Phos); Electrolyte Supplement; Inj per mL: potassium 4.4 mEq, phosphate 3 mM

Powder (Neutra-Phos-K): phosphorus 250 mg [8 mM] and potassium 556 mg [14.25 mEq] per packet; **Severe Hypophosphatemia (IV):**

Low Dose (phosphorus >1.0 mg/dL): 0.08 mM/kg over 6h

Intermediate Dose (phosphorus 0.5-1 mg/dL): 0.16-0.24 mM/kg over 4-6h

High Dose (phosphorus <0.5 mg/dL): 0.36 mM/kg over 6h

Maintenance: Children: 0.5-1.5 mM/kg/24h IV or 2-3 mM/kg/day PO in divided doses.

Daily maximum 50-70 mM IV or 50-150 mM PO.

Maximum concentration for IV administration: Central line: 0.12 mM/mL; peripheral line: 0.05 mM/mL.

Intermittent IV infusion should be reserved for severe depletion and requires continuous EKG monitoring.

Praziquantel (Biltricide); Anthelmintic; Tab, tri-scored: 600 mg; **>4 yrs:**

Schistosomiasis mansoni, S. haematobium: 20 mg/kg/dose PO bid x 1 day

S. japonicum, S. mekongi: 20 mg/kg/dose PO q4-6h for 3 doses

Flukes: 75 mg/kg/day PO tid for 1 day (liver, intestinal infection) or 2 days (lung infection)

Cysticercosis: 50 mg/kg/day PO tid for 15 days

Tapeworms: 5-10 mg/kg PO x 1

H Nana: 25 mg/kg PO x 1

Take with food.

Prednisolone (Delta-Cortef, Prelone); Corticosteroid; Syr per mL: 1, 3 mg

Tab: 5 mg; **Acute asthma:** 1-2 mg/kg/day PO qd-bid

Anti-inflammatory or immunosuppressive: 0.1-2 mg/kg/day PO qd-qid

Prednisolone acetate (Econopred, Key-Pred, Predcor); Corticosteroid; Inj per mL: 25, 50 mg

Ophth susp: 0.12% [5, 10 mL], 0.125% [5, 10 mL], 1% [1, 5, 10, 15 mL]; **Intralesional or intra-articular:** 4-100 mg (not for IV administration)

Ophth: Instill 1-2 drops into eye(s) q2-4h. Shake suspension prior to administration.

Prednisolone sodium phosphate (AK-Pred, Inflamase, PediaPred); Corticosteroid; Inj: 20 mg/mL [2, 5, 10 mL]

Liq, oral: 1 mg/mL

Ophth soln: 0.125% [3, 5, 10, 15 mL], 1% [3, 5, 10, 15 mL]; **Acute asthma:** 1-2 mg/kg/day PO qd-bid or 2-4 mg/kg/day IV q6-8h

Anti-inflammatory or immunosuppressive: 0.1-2 mg/kg/day PO/IV qd-qid

Consider alternate day schedule for long-term therapy. Discontinuation of long-term therapy requires gradual withdrawal by tapering dose. Burst therapy of 3-5 days usually does not require tapering dose.

Take with food to decrease GI upset.

Prednisone (Deltasone, Liquid Pred, Orasone); Corticosteroid; Soln: 1 mg/mL, 5 mg/mL

Tab: 1, 2.5, 5, 10, 20, 50 mg; **Acute asthma:** 1-2 mg/kg/day PO qd-bid

Anti-inflammatory or immunosuppressive: 0.05-2 mg/kg/day PO qd-qid (usual max 60 mg/day)

Physiologic replacement: 4-5 mg/m²/day PO qd

Consider alternate day schedule for long-term therapy. Discontinuation of long-term therapy requires gradual withdrawal by tapering dose. Burst therapy of 3-5 days usually does not require tapering dose.

Take with food to decrease GI upset.

Primidone (Mysoline); Anticonvulsant; Tab: 50, 250 mg; **<8 yrs:** 50-125 mg/day PO qhs, increase by 50-125 mg/day q3-7d; usual dose 10-25 mg/kg/day tid-qid

≥8 yrs: 125-250 mg PO qhs; increase by 125-250 mg/day q3-7d, usual dose 750-1500 mg/day tid-qid (max 2 gm/day).

Therapeutic serum levels: 5-12 mcg/mL. Unlike phenobarbital, primidone is not a scheduled drug. It is metabolized in the liver to phenobarbital.

Probenecid (Benemid); Uricosuric Agent; Tab: 500 mg; Adolescents with PID: 1000 mg PO x 1 (in combination with other antibiotics)

Procainamide (Pronestyl); Antiarrhythmic Agent; Cap: 250, 375, 500 mg

Inj per mL: 100, 500 mg

Tab: 250, 375, 500 mg

Tab ER: 500, 750, 1000 mg; **Oral:**

15-50 mg/kg/day q3-6h (max 4000 mg/day)

IM:

20-30 mg/kg/day q4-6h, max 4000 mg/day

IV loading dose:

3-6 mg/kg over 5 minutes (max 100 mg), may repeat q5-10 minutes to cumulative maximum of 15 mg/kg

IV continuous infusion:

20-80 mcg/kg/min (max 2000 mg/day)

Extemporaneously prepared suspension may be made with six months stability under refrigeration or at room temperature.

Prochlorperazine (Compazine); Phenothiazine; Cap SR: 10, 15, 30 mg

Inj: 5 mg/mL

Supp: 2.5, 5, 25 mg

Syr: 1 mg/mL

Tab: 5, 10, 25 mg; 0.1-0.15 mg/kg/dose IM

0.4 mg/kg/day PO/PR q6-8h prn (10-14 kg: max 7.5 mg/day, 15-18kg: max 10 mg/day, 19-39 kg: max 15 mg/day)

IV therapy is not recommended.

Not recommended in children <12 yrs due to increased incidence of extrapyramidal side effects (EPS). Treat with diphenhydramine 1 mg/kg (max 50 mg) IV/IM/PO prn if EPS occur.

Propofol (Diprivan); General Anesthetic; Inj: 10 mg/mL; IV induction: 2.5-3.5 mg/kg over 30 seconds

Maintenance IV infusion: 125-300 mcg/kg/min

Promethazine (Phenergan); Phenothiazine; Inj per mL: 25, 50 mg

Rectal supp: 12.5, 25, 50 mg

Syr: 6.25 mg/5 mL

Tab: 12.5, 25, 50 mg; Antiemetic (PO/IV/IM/PR): 0.25-1 mg/kg/dose q4-6h prn (max 50 mg/dose)

Propranolol (Inderal); Beta-adrenergic Blocker; Cap, SR: 60, 80, 120, 160 mg

Inj: 1 mg/mL

Soln: 4 mg/mL, 8 mg/mL

Soln, conc oral: 80 mg/mL

Tab: 10, 20, 40, 60, 80 mg;

Arrhythmias and hypertension:

0.5-1 mg/kg/day PO q6-8h, may titrate up to 2-5 mg/kg/day (usual max 60 mg/day), may dose SR product q12h

0.01-0.1 mg/kg slow IVP over 10 min (max 1 mg/dose in infants, 3 mg/dose in children)

Migraine Prophylaxis: 0.6-1.5 mg/kg/day PO q8h

Tetralogy spells:

1-2 mg/kg/dose PO q6h prn

0.15-0.25 mg/kg/dose slow IVP (max 1 mg/dose in infants, 3 mg/dose in children)

Contraindicated in bronchospastic lung disease, diabetes, heart block or failure.

Protamine sulfate; Antidote - Heparin; Inj: 10 mg/mL;

Dose of Protamine (mg) to

Time Elapsed: Neutralize 100 U of Heparin:

Immediate; 1

30-60 min ; 0.5-0.75

60-120 min 0.375-0.5

>2h; 0.25-0.375

Used to treat heparin overdosage. Infuse protamine over 10 minutes. Monitor APTT and blood pressure.

Low-Molecular-Weight Heparin (LMWH) overdose:

If given within 4 hours, 1 mg per 1 mg of LMWH then repeat with 0.5mg per 1 mg of LMWH if APTT still prolonged in 2-4 hours

Pseudoephedrine (Pediapcare, Sudafed); Decongestant; Cap: 30, 60 mg
Drops: 7.5 mg/0.8 mL
Liq: 15 mg/5 mL, 30 mg/5 mL
Tab: 30, 60 mg
Tab, chew: 15 mg
Tab, CR: 240 mg
Tab, ER: 120 mg; <2 yrs: 4 mg/kg/day PO q6h
2-5 yrs: 15 mg PO q6h
6-12 yrs: 30 mg PO q6h
>12 yrs: 60 mg PO q6h or 120 mg SR bid or 240 mg CR qd

Psyllium (Fiberall, Konsyl, Genfiber, Hydrocil, Metamucil, Perdiem Fiber); Laxative, Bulk ; Granules per rounded teaspoon: 2.5, 4 gm
Powder packets: 3.4, 6 gm
Wafers: 3.4 gm; **Children 6-11 yrs:** 1/2 of adult dose
≥12 yrs and adults: 1-2 rounded teaspoonfuls of granules or 1-2 packets 1-3 times daily with 8 oz of water.
Important to drink a full glass of water with each dose.

Pyrazinamide; Tuberculostatic; Tab, scored: 500 mg; 20-40 mg/kg/day PO q12-24h (max 2 gm/day) or directly observed therapy 50-70 mg/kg/dose PO twice weekly (max 3 gm/dose).
Extemporaneous suspension can be made with 2 months stability under refrigeration or at room temperature.

Pyrantel Pamoate (Pin-X, Reese's Pinworm Medicine); Anthelmintic; Susp: 50 mg/mL
Tab: 62.5 mg; Children and adults:
Roundworm, pinworm, trichostrongyliasis: 11 mg/kg PO x 1 (max 1000 mg). Repeat dose in two weeks to treat pinworm.
Hookworm: 11 mg/kg/day PO qd x 3 days (max 1000 mg/day)

Pyrethrin (Rid); Pediculosis Agent; Shampoo: pyrethrins 0.3%, piper only butoxide 3% [60, 120, 240 mL]; Apply shampoo to the scalp and hair for 10 minutes. A repeat application 7-10 days is necessary to kill newly hatched lice as there is no residual activity.

Pyridoxine (Vitamin B₆); Vitamin; Cap: 250 mg
Inj: 100 mg/mL
Tab: 25, 50, 100, 250, 500 mg
Tab EC: 20 mg; **Prophylaxis against drug-induced neuritis:** 1-2 mg/kg/day PO/IV/IM qd (max 100 mg/day)
Dietary deficiency: 5-25 mg/day PO qd x 3 weeks, then 1.5-2.5 mg/day in oral multivitamin

Pyrimethamine (Daraprim); Antimalarial; Tab, scored: 25 mg; Toxoplasmosis treatment:
2 mg/kg/day PO q12h x 3 days then 1 mg/kg/day PO qd-bid x 4 weeks (max 25 mg/day)
Give with sulfadiazine and folic acid. Administer with meals to avoid vomiting.
Extemporaneous suspension can be made with 3 months stability under refrigeration or at room temperature.
Rabies immune globulin (Hyperab, Imogam); Immune Globulin; Inj: 150 IU/mL; 20 IU/kg (0.133 mL/kg). Use up to half the dose to infiltrate the wound site. Administer the balance of the dose IM at a different site.
Not to be given IV. Also give rabies vaccine if bitten.
Rabies Vaccine (Imovax, RabAvert); Vaccine; Inj: ≥ 2.5 IU of whole virus rabies antigen; Administer IM x 5 doses after exposure - now and in 3, 7, 14, and 28 days post exposure.

Ranitidine (Zantac); Histamine-2
Antagonist; Cap: 150, 300 mg
Granules: 150 mg
Inj: 25 mg/mL
Syr: 15 mg/mL
Tab: 75, 150, 300 mg
Tab, Effer: 150 mg; **IV:** 2-4 mg/kg/day q6-8h (max 200 mg/day), may put daily dose in TPN
Continuous IV infusion: loading dose 1 mg/kg, followed by 0.08-0.17 mg/kg/hr
PO: 4-5 mg/kg/day q8-12h (max 10 mg/kg/day or 300 mg/day for GERD or 600 mg/day for erosive esophagitis)
The 75-mg tablet is available OTC. Adjust dose for renal impairment.

Respiratory syncytial virus immune globulin intravenous (RespiGam); Immune Globulin; Inj: 2.5 gm/50 mL; 750 mg/kg (15 mL/kg) IV monthly, beginning typically in November and lasting through April (depending on local RSV season). Start infusion at 1.5 mL/kg/hr for 15 minutes. If no adverse reactions occur, may advance rate to 3 mL/kg/hr for 15 minutes and then to the maximum rate of 6 mL/kg/hr until infusion is completed.
AAP-approved indications: (1) <2 yrs with chronic lung disease that has required medical treatment within the past six months; (2) chronological age <1 yr at start of RSV season and gestational age ≤28 weeks; (3) chronological age <6 months at start of RSV season and gestational age 29-32 weeks.

Rh₀ (D) immune globulin (WinRhoSD); Immune Globulin; Inj: 600, 1500, 5000 IU; **Immune thrombocytopenic purpura:** 250 IU/kg (50 mcg/kg) IV over 3-5 min.
Monitor platelet count, red blood cell count, hemoglobin, and reticulocytes. 250 IU equals 50 mcg. Only use for Rho(D) antigen-positive patients.
Monitor for hemolysis. A hemoglobin drop of more than 2 gm/dL occurs in 5-10% of patients with ITP. If hemoglobin <10 gm/dL, give 50% dose to minimize risk of increasing severity of anemia. Do not use if baseline hemoglobin is less than 8 gm/dL.

Ribavirin (Virazole); Antiviral; Aerosol: 6 gm; 6 gm vial (diluted to 20 mg/mL) aerosolized over 18-20h qd or 2 gm (diluted to 60 mg/mL) aerosolized over 2 hours tid.
Duration of therapy is 3-7 days. Teratogenic. Used to treat respiratory syncytial virus (RSV) infections. Do not use tid treatment schedule in ventilated patients.

Riboflavin (Vitamin B₂); Vitamin; Cap: 100 mg
Tab: 25, 50, 100 mg; **Deficiency:**
Children: 3-10 mg PO qd
Adults: 5-30 PO mg qd
Urine will turn bright yellow.

Rifabutin (Mycobutin); Tuberculostatic; Cap: 150 mg; 5 mg/kg/day PO qd-bid (max 300 mg/day)

Extemporaneous suspension can be made with 12-week stability under refrigeration or at room temperature. Will cause orange discoloration of body fluids.

Rifampin (Rifadin); Tuberculostatic; Cap: 150, 300 mg

Inj: 600 mg; **Tuberculosis:**

10-20 mg/kg/day PO/IV q12-24h

Adults: 10 mg/kg/day PO/IV q12-24h (max 600 mg/day).

Twice-Weekly Oral Therapy: 10-20 mg/kg/dose (max 600 mg) twice weekly under direct supervision.

Adults: 10 mg/kg (max 600 mg) twice weekly.

Twice-weekly therapy should follow 1-2 months of daily treatment.

H influenza prophylaxis:

Neonates <1 month: 10 mg/kg/day PO q24h for 4 days

Infants and children: 20 mg/kg/day PO q24h for 4 days (not to exceed 600 mg/dose)

Meningococcal Prophylaxis:

Neonates <1 mos: 10 mg/kg/day PO bid for 2 days

Rimantadine (Flumadine); Antiviral; Syr: 10 mg/mL

Tab: 100 mg; <10 yrs: 5 mg/kg/day PO qd (max 150 mg/day)

≥10yrs: 100 mg PO bid

For prophylaxis, treat for 10 days after exposure or for 6-8 weeks during influenza A season. For treatment of active influenza A infection, treat for 5-7 days. Must initiate therapy within 48 hours of symptom onset.

Not active against Influenza B.

Ritonavir (Norvir, RIT); Antiretroviral, Protease Inhibitor; Cap: 100 mg

Soln: 80 mg/mL; <12 yrs: 250 mg/m²/dose PO bid, titrate upward by 50 mg/m²/dose over 5 days to max of 400 mg/m²/dose bid (max 600 mg/dose)

>12 yrs: 300 mg PO bid, increase by 100 mg/dose up to 600 mg PO bid over 5 days

Paresthesias, anorexia, increased liver function tests. Take with food. Capsules and solution must be kept refrigerated. Both products contain alcohol.

Rubella vaccine (Meruvax II); Vaccine; Inj: 0.5 mL; 0.5 mL SC

See Immunization Schedule in appendix for timing.

Rubella and mumps vaccine (Biavax II); Vaccine; Inj: 0.5 mL; 0.5 mL SC

See Immunization Schedule in appendix for timing.

Salmeterol (Serevent); Beta-2 Adrenergic Agonist; Diskus inhalation powder: 50 mcg/blister [28 blisters/pack]

MDI: 25 mcg/puff, 60 puffs/canister [6.5 gm]; 25 mcg/puff, 120 puffs/canister [13 gm]; **MDI:** ≥4 yrs: 2 puffs bid

Diskus: ≥4 yrs: 1 puff bid

Cannot use spacer device with Diskus powder for inhalation.

Saquinavir (Fortavase, Invirase, SQV); Antiretroviral, Protease Inhibitor; Cap: 200 mg; 1050 mg/m²/day PO q8h (max 3600 mg/day)

Diarrhea, abdominal cramps, hyperglycemia. Take with a full meal for better absorption.

Sargramostim (GMCSF, Leukine); Granulocyte Macrophage Colony Stimulating Factor; Inj: 250, 500 mcg; **Cancer Chemotherapy Recovery:** 3-15 mcg/kg/day IV/SC qd for 14-21 days.

Bone Marrow Transplant: 250 mcg/m²/day IV/SC qd x 21 days.

Monitor CBC, platelets, renal and liver function.

Scopolamine (Transderm Scop); Anticholinergic Agent; Disc, transdermal: 1.5 mg/disc

Inj per mL: 0.3, 0.4, 0.86, 1 mg

Ophth soln: 0.25% [5, 15 mL]; **Transdermal:** >12 yrs: 1 disc behind ear every 3 days; apply 4h prior to travel

IM/IV/SC: 6 mcg/kg/dose q6-8h prn (max 0.3 mg/dose)

Ophth: Instill 1 drop to eye prior to procedure

Selenium Sulfide (Selsun); Antipsoriatic; Lotion/Shampoo: 1% [120, 210, 240, 330 mL]

Tinea Versicolor:

-Cover body surface from face to knees with lotion or shampoo daily for 30 minutes for 1 week, then monthly x 3 to help prevent recurrences.

Senna (Senokot, Senna-Gen); Laxative, Stimulant; Granules: 362 mg/teaspoon

Supp: 652 mg

Syr: 218 mg/5 mL; 10-20 mg/kg PO/PR qhs prn (max 872 mg)

Sennosides (Agoral, Senokot, Senna-Gen); Laxative, Stimulant; Tab: 6, 8.6, 15, 17, 25

Granules per 5 mL: 8.3, 15, 20 mg

Liq conc: 33 mg/mL

Syr: 8.8 mg/5mL; 2-5 yrs: 3-8.6 mg/dose PO qd-bid

6-11 yrs: 7.5-15 mg/dose PO qd-bid

≥12 yrs: 12-25 mg/dose PO qd-bid

Silver sulfadiazine (Silvadene, Thermazene); Antibacterial; Cream: 1% [20, 25, 50, 85, 400, 1000 gm]; Apply topically qd-bid

Smallpox Vaccine (Dryvax)

Vaccine; Inj: 2.5 x 10⁶ PFU; Inject percutaneously using multiple-puncture technique.

Available from the CDC.

Stable for 30 days after reconstitution.

Simethicone (Mylicon, Phazyme)

Antiflatulent; Cap: 125 mg

Drops: 40 mg/0.6 mL

Tab: 60, 95 mg

Tab, chew: 40, 80, 125 mg; <2 yrs: 20 mg PO qid after meals and before bedtime

2-12 yrs: 40 mg PO qid after meals and before bedtime

>12 yrs: 40-250 mg PO qid after meals and before bedtime (max 500 mg/day)

Sodium bicarbonate; Electrolyte Supplement; Inj: 4.2% (0.5 mEq/mL), 5% (0.6 mEq/mL), 7.5% (0.9 mEq/mL), 8.4% (1 mEq/mL)
Tab: 325 mg (3.8 mEq), 650 mg (7.6 mEq); **Cardiac Arrest:** 1 mEq/kg IV initially; may repeat with 0.5 mEq/kg IV after 10 min (max 50 mEq/dose).
Patient must be adequately ventilated before administering sodium bicarbonate.

Chronic Renal Failure: 1-3 mEq/kg/day PO bid-qid.

Metabolic acidosis: HCO_3^- (mEq) = $0.3 \times \text{weight in kg} \times \text{base deficit (mEq/L)}$ or HCO_3^- (mEq) = $0.5 \times \text{weight (kg)} \times [24 - \text{serum } \text{HCO}_3^- \text{ (mEq)}]$

Urinary Alkalinization: 120-200 mEq/m²/day diluted in maintenance IV fluids of 3000 mL/m²/day to maintain urine pH in the desired range.
1 mEq = 84 mg

Sodium chloride; Electrolyte Supplement; Inj: 0.45% (77 mEq/L), 0.9% (154 mEq/L), 3% (513 mEq/L), 5% (855 mEq/L), 23.4% (4 mEq/mL)
Tab: 650 mg (11.3 mEq), 1000 mg (17 mEq), 2250 mg (38.5 mEq)

Tab SR: 600 mg (10.3 mEq); **Maintenance Sodium Requirements (PO/IV):** 3-4 mEq/kg/day (max 100-150 mEq/day)

Acute Hyponatremia: mEq sodium = [desired sodium (mEq/L) - actual sodium (mEq/L)] x 0.6 x wt (kg); usual desired sodium goal for acute correction is 125 mEq/L

Normal saline = 0.9% = 154 mEq/L. Maximum infusion rate is 1 mEq/kg/hr.

Sodium phosphate (Fleet Enema, Phosphosoda); Electrolyte Supplement; Enema: sodium phosphate 7 gm and sodium biphosphate 19 gm [118 mL]
Inj per mL: phosphate 3 mM, sodium 4 mEq

Soln per 100 mL: sodium phosphate 18 gm and sodium biphosphate 48 gm [contains phosphate 4 mM/mL]; **Severe Hypophosphatemia (IV):**

Low Dose: (phosphorus >1.0): 0.08 mM/kg over 6h

Intermediate Dose (phosphorus 0.5-1 mg/dL): 0.16-0.24 mM/kg over 4-6h

High Dose (phosphorus <0.5 mg/dL): 0.36 mM/kg over 6h

Maintenance: Children: 0.5-1.5 mM/kg/24h IV or 2-3 mM/kg/day PO in divided doses

Laxative:

2-11 yrs: 59 mL (1/2 of enema) PR, repeat prn

≥12: One 118 mL enema as a single dose, repeat prn

Sodium polystyrene sulfonate (Kayexalate); Potassium-binding Agent; Powd for susp: 454 gm

Susp: 15 gm/60 mL (contains sorbitol 33%)

0.5-1 gm/kg PO/PR q6h prn (max 15 gm/dose PO and 50 gm/dose PR)

1 gm resin binds 1 mEq potassium. Suspension can be used orally or rectally.

Somatrem (Protropin); Growth Hormone; Inj: 5, 10 mg; Up to 0.1 mg/kg SC/IM 3 times weekly
5 mg equals approximately 13 units

Somatropin (Genotropin, Humatrope); Growth Hormone; Inj: 0.2, 0.4, 0.6, 0.8, 1, 1.2, 1.4, 1.5, 1.6, 1.8, 2, 4, 5, 5.8, 6, 8, 10, 12, 13.8, 18, 22.5, 24 mg;
Individualize dose based on clinical condition and patient response. Depot formulations available for once- to twice-monthly injections.
0.3 mg ~ 0.9 IU

Sorbitol; Hyperosmotic Agent; Oral soln: 70% [480 mL]; **Hyperosmotic Laxative:**

Use 70% solution for oral use and 30% solution for rectal use.

2-11 yrs: 2 mL/kg PO (max 150 mL) or 30-60 mL PR

≥12 yrs: 30-150 mL PO or 120 mL PR

With charcoal (for ingestion):

4.3 mL/kg of 35% solution PO/NG with 1 gm/kg activated charcoal PO/NG

Spironolactone (Aldactone); Diuretic, Potassium Sparing; Tab: 25, 50, 100 mg; 1.5-3 mg/kg/day PO q6-24h (max 200 mg/day)
Extemporaneously prepared suspension can be made with 60-day stability under refrigeration.

Stavudine (Zerit); Antiretroviral, Nucleoside Analog Reverse Transcriptase Inhibitor; Cap: 15, 20, 30, 40 mg

Soln: 1 mg/mL; 7 mos-15 yrs: 1-2 mg/kg/day PO bid (max 80 mg/day)

>15 yrs or if ≥40 kg: 40 mg PO bid

Peripheral neuropathy, pancreatitis, increased liver function tests.

Streptomycin; Antibacterial, Aminoglycoside

Tuberculostatic; Inj: 400 mg/mL [2.5 mL]; Newborns: 10-20 mg/kg/day IM qd

Infants: 20-30 mg/kg/day IM q12h

Children: 20-40 mg/kg/day IM qd (max 1 gm/day) or 20-40 mg/kg/dose IM biweekly under direct observation (max 1 gm/dose)

Available only on a compassionate use basis from Pfizer (800-254-4445). May not be given IV.

Succimer (Chemet); Antidote - Lead; Cap: 100 mg; 10 mg/kg/dose PO q8h x 5 days, then 10 mg/kg/dose PO bid x 14 days

Patients must drink ample fluids. The capsule may be opened and sprinkled on food.

Succinylcholine (Anectine); Neuromuscular Blocker, Depolarizing; Inj per mL: 20, 50, 100 mg; **IV:** Initial dose 1-2 mg/kg (max 150 mg), maintenance dose 0.3-0.6 mg/kg IV prn

IM: 2.5-4 mg/kg (max 150 mg)

Pretreatment with atropine reduces occurrence of bradycardia.

Sucralfate (Carafate); Antacid; Susp: 100 mg/mL

Tab: 1 gm; 40-80 mg/kg/day PO q6h (max 4 gm/day)

Must be taken on an empty stomach.

Sulfacetamide (Bleph-10, Cetamide, Sulamyd); Antibacterial; Ophth oint: 10% [3.5 gm]

Ophth soln: 10% [1, 2.5, 5, 15 mL]; **Ophth oint:** Apply to lower conjunctival sac qd-qid

Ophth soln: Instill 1-2 drops into eye(s) q2-3h during the day

Avoid use in patients <2 months of age.

Sulconazole (Exelderm); Antifungal; Cream: 1% [15, 30, 60 gm]

Soln, topical: 1% [30 mL]; Apply topically qd-bid.

Sulfadiazine; Antibacterial; Tab: 500 mg; **Congenital Toxoplasmosis:** 100 mg/kg/day PO bid for 12 months with pyrimethamine, 1 mg/kg/day qd, and folinic acid, 5 mg q3d x 6 mos, followed by pyrimethamine, 1 mg/kg/day 3 times/week, and folinic acid, 10 mg 3 times/week, for 6 months.

Toxoplasmosis: 120-200 mg/kg/day PO q6h (max 8 gm/day) with pyrimethamine 2 mg/kg/day bid for 3 days, followed by 1 mg/kg/day (max 25 mg/day) qd, with folinic acid 5-10 mg PO q 3 days.

Extemporaneous suspension can be made with 7 day stability under refrigeration.

Sulfasalazine (Azulfidine); Bowel Anti-Inflammatory Agent; Tab: 500 mg

Tab DR: 500 mg; ≥ 2 yrs: 30-75 mg/kg/day PO q4-8h (max 6 gm/day)

Use lower dosage range for mild colitis and higher range for severe disease. May cause orange-yellow discoloration of urine and skin.

Sulfisoxazole (Gantrisin); Antibacterial, Sulfa; Ophth soln: 4% [15 mL]

Susp: 500 mg/5 mL

Syr: 500 mg/5 mL

Tab: 500 mg; ≥ 2 mos: Initially 75 mg/kg (max 4 gm) PO x 1, then 120-150 mg/kg/day PO q4-6h (max 6 gm/day)

UTI Prophylaxis: 10-20 mg/kg/day PO q12h

Otitis Media Prophylaxis: 35-75 mg/kg/day PO qhs

Ophth: Instill 1-2 drops in eye q2-3h

Terbinafine (Lamisil); Antifungal; Cream: 1% [15, 30 gm]

Gel: 1.12% [5, 15, 30 gm]; Apply topically bid.

Terbutaline (Brethine); Bronchodilator; Inj: 1 mg/mL

Tab: 2.5, 5 mg; **PO:** <12 yrs: 0.05 mg/kg PO q8h, increase gradually up to 0.15 mg/kg PO q8h, max daily dose 5mg; ≥ 12 yrs: 2.5 mg PO tid, may increase to max 7.5 mg/dose

SC: <12 yrs: 0.005-0.01 mg/kg to max 0.4 mg/dose q15-20 min for 3 doses, may repeat q2-6h prn

≥ 12 yrs: 0.25 mg, may repeat q20 minutes x 2 doses

IV: loading dose 2-10 mcg/kg over 10 minutes (max 500 mcg), followed by continuous infusion 0.08-4 mcg/kg/min. Titrate by 0.1-0.2 mcg/kg/min q30 min.

Monitor heart rate and blood pressure. Discontinue if HR >200 beats per minute in children ≤ 6 yrs or >180 in children >6 yrs.

Tetanus immune globulin (Hyper-Tet); Immune Globulin; Syringe: 250 units

Vial: 250 units; Children: 4 units/kg IM

Adults: 250 units IM

Indicated in tetanus-prone injuries in a non-immunized person, or in a person immunized >10 years ago. May be advisable to give a child the entire 250 unit adult dose since the same number of organisms will be present in a child as in an adult.

Tetanus Toxoid, Adsorbed; Toxoid; Inj: 5 Lf units tetanus/0.5 mL; ≥ 7 yrs: 0.5 mL IM

For children <7 yrs, use DtaP.

See Immunization Schedule in appendix for timing.

Tetracycline (Achromycin); Antibacterial, Tetracycline; Cap: 100, 250, 500 mg

Susp: 125 mg/5mL

Tab: 250, 500 mg

Oint: 3% [14.2, 30 gm]

Soln, topical: 2.2 mg/mL [70 mL]; **PO:** > 8 yrs: 25-50 mg/kg/day q6h (max 3 gm/day)

Use of tetracyclines <8 yrs of age may cause permanent dental discoloration, enamel hypoplasia. Take on an empty stomach (1 hour before or 2 hours after meals); do not give with dairy products or antacids.

Topical: Apply twice daily.

Tetrahydrozoline (Visine); Vasoconstrictor; Ophth soln: 0.05% [15, 22.5, 30 mL]; **Adolescents:** Instill 1-2 drop(s) into eye(s) up to four times daily.

For temporary relief of eye redness due to minor irritation.

Theophylline (Slophyllin Gyrocaps, Sustaire, Theobid Jr, Duracaps, Theo Dur Sprinkle); Bronchodilator; Cap: 100, 200 mg

Cap SR: 50, 60, 75, 100, 125, 130, 200, 250, 260, 300

Elixir: 80 mg/15 mL

Soln: 80 mg/15mL

Syr: 10 mg/mL

Tab: 100, 125, 200, 250, 300 mg

Tab, ER: 100, 200, 300, 450, 600 mg

Tab SR: 50, 75, 100, 125, 130, 200, 250, 260, 300, 400, 450, 500, 600 mg

Tab, TR: 100, 200, 250, 300, 400, 500 mg; 1-9 yrs: 20-24 mg/kg/day PO bid-qid

9-12 yrs: 16 mg/kg/day PO bid-qid

12-16 yrs: 13 mg/kg/day PO bid-qid

>16 yrs: 10 mg/kg/day PO bid-qid

Therapeutic serum levels 10-20 mcg/mL. Immediate-release products are dosed tid-qid. Sustained-release products can be dosed bid.

Thiabendazole (Mintezol); Anthelmintic; Susp: 500 mg/5 mL

Tab, chew: 500 mg; **Strongyloidiasis, Cutaneous Larva Migrans:** 50 mg/kg/day PO bid (max 3 gm/day). Treat for 2 days for strongyloidiasis (≥ 5 days for disseminated disease) and for 2-5 days for cutaneous larva migrans.

Dracunculosis: 50-75 mg/kg/day PO q12h x 3 days.

Trichinosis: 50 mg/kg/day PO bid (max 3 gm/day) for 2-4 days

Visceral Larva Migrans: 50 mg/kg/day PO bid (max 3 gm/day) for 5-7 days.

Administer after meals. Chew tablet thoroughly.

Thiamine (Betalin); Vitamin B1; Inj: 100 mg/mL

Tab: 50, 100, 250, 500 mg

Tab EC: 20 mg; **Thiamine Deficiency (beriberi):** 10-25 mg/dose IM/IV qd or 10-50 mg/day PO qd x 2 wk, then 5-10 mg/day PO qd x 1 month.

Thiethylperazine (Torecan); Phenothiazine; Inj: 5 mg/mL

Tab: 10 mg; >12 yrs: 10 mg PO/IM tid prn

IV administration is not recommended.

Thiopental (Pentothal) (C-III); Barbiturate; Inj: 250, 400, 500 mg; 1, 2.5, 5 gm; **Increased Intracranial Pressure:** 1.5-5 mg/kg/dose IV prn
Seizures: 2-3 mg/kg/dose IV prn
Sedation: 5-10 mg/kg/dose PR (max 4 gm)

Thioridazine (Mellaril); Phenothiazine; Liq: 30 mg/mL, 100 mg/mL
Tab: 10, 15, 25, 50, 100, 150, 200 mg; 2-12 yrs: 0.5-1 mg/kg/day PO bid-tid; increase as needed to max 3 mg/kg/day
>12 yrs: 25-100 mg/dose PO tid; increase as needed to max 800 mg/day
May cause dose-related prolongation of the QTc interval

Tiagabine (Gabitril); Anticonvulsant; Tab: 2, 4, 12, 16 mg; 12-18 yrs: initially 4 mg PO qd; may increase by 4-8 mg/day at weekly intervals until clinical response is achieved or max of 32 mg/day
Divide dose bid-qid.

Ticarcillin (Ticar); Antibacterial, Penicillin; Inj: 3 gm; 200-300 mg/kg/day IV/IM q4-6h. Doses as high as 400 mg/kg/day IV/IM q4-6h prn have been used in cystic fibrosis. Maximum daily dose 24 gm.
Adjust dosage in renal impairment. Contains 5.2-6.5 mEq sodium per gram.

Tobramycin (Tobrex, Tobii); Antibacterial, Aminoglycoside; Inj: 10 mg/mL, 40 mg/mL
Ophth soln: 0.3% [5 mL]
Ophth oint: 0.3% [3.5 gm]
Soln for nebulizer: 300 mg/5 mL; **IV/IM:**
<5 yrs: 7.5 mg/kg/day q8h
5-10 yrs: 6.0 mg/kg/day q8h.
>10 yrs: 5.0 mg/kg/day q8h
Infuse IV dose over 30 minutes. Therapeutic peak serum levels: 4-10 mcg/mL, trough serum levels: <2 mcg/mL.
Ophth: Instill 1-2 drops into eye(s) q4h, or apply ointment to conjunctival sac bid-tid
The ophthalmic solution can be used in the ears.
Nebulizer (cystic fibrosis patients): ≥6 yrs: 300 mg nebulized bid in repeating cycles of 28 days on drug, 28 days off of drug.

Tolnaftate (Absorbine, Aftate, Desenex, Tinactin); Antifungal; Cream: 1% [15, 21.3, 30 gm]
Gel: 1% [15 gm]
Liq, topical: 1% [59.2, 118.3, 120 mL]
Powder: 1% [45, 90, 100, 105, 150 gm]
Soln, topical: 1% [10 mL]; Apply topically bid.

Topiramate (Topamax); Anticonvulsant; Cap, sprinkle: 15, 25 mg
Tab: 25, 100, 200 mg; 2-16 yrs: 1-3 mg/kg/day (max 25 mg/day) PO qhs x 1 week, then increase q1-2 wks by 1-3 mg/kg/day bid; usual maintenance dose 5-9 mg/kg/day bid
>16yrs: Initially 25-50 mg PO qhs x 1 wk, then increase by 25-50 mg/day bid x 1 wk, then increase by 50 mg/day until effective dose (usual maintenance 200 mg bid, max 1600 mg/day)
Adequate fluid intake is necessary to prevent kidney stone formation. May cause drowsiness.

Torsemide (Demadex); Diuretic, Loop; Inj: 10 mg/mL
Tab: 5, 10, 20, 100 mg; **Adolescents:**
Hypertension: 5 mg PO/IV qd, may increase to 10 mg PO/IV qd
Edema: 10-20 mg PO/IV qd, titrate as needed to max 200 mg/day

Tretinoin (Retin A); Anti-acne; Cream: 0.02% [40 gm], 0.025% [20, 45 gm], 0.05% [20, 45, 60 gm], 0.1% [20, 45 gm]
Gel: 0.01% [15, 45 mL], 0.025% [15, 20, 45 mL], 0.04% [20, 45 mL], 0.1% [20, 45 mL]
Liq: 0.05% [28 mL]; Wash and dry face, then apply to affected area qhs
Side effects include local redness and photosensitivity.

Triamcinolone (Aristocort, Azmacort, Kenacort, Kenalog, Nasacort, Nasacort AQ); Corticosteroid; Cream: 0.025, 0.1, 0.5% [15, 30, 60, 80, 120, 240 gm]
Oint: 0.025, 0.1, 0.5% [15, 28, 30, 57, 60, 80, 113, 240 gm]
Metered Dose Inhaler: 100 mcg/puff [≥ 240 doses/20 gm]
Spray, Nasal (Nasacort): 55 mcg/puff, 100 sprays/bottle [10 gm]
Spray, Nasal (Nasacort AQ): 55 mcg/spray, 30 sprays/bottle [6.5 gm] or 120 sprays/bottle [16.5 gm]
Syr: 4 mg/5 mL
Tab: 4, 8 mg; **Topical:** Apply a thin film bid-tid
High-potency corticosteroid: 0.5%
Medium-potency corticosteroid: 0.1%, 0.25%
MDI:
6-12 yrs: 1-2 puffs tid-qid or 2-4 puffs bid
>12 yrs: 2 puffs tid-qid or 4 puffs bid (max 16 puffs/day)
Intranasal (Nasacort):
6-11 yrs: 2 sprays in each nostril qd
≥12 yrs: 2 sprays in each nostril qd, may increase to two sprays bid or 1 spray qid
Intranasal (Nasacort AQ):
6-11 yrs: 1 spray in each nostril qd, may increase to 2 sprays qd
≥12 yrs: 2 sprays in each nostril qd
Oral: >12 yrs: 4-100 mg/day po qd-qid

Triazolam (Halcion)
(C-IV); Benzodiazepine; Tab: 0.125, 0.25 mg; **Adolescents and Adults:** 0.125-0.25 mg PO qhs prn

Triethanolamine (Cerumenex); Ceruminolytic; Soln, otic: 10% [6, 12 mL] ; Fill ear canal, insert cotton plug, wait 15-30 min, then flush with lukewarm water using bulb syringe

Tromethamine (THAM); Alkalinizing Agent, Parenteral; Inj: 0.3 molar [500 mL]; Metabolic acidosis with cardiac arrest: 3.5-6 mL/kg IV.
To replace base deficit: mL of 0.3 molar solution = body weight in kg x base deficit in mEq/L.
1mM = 120 mg = 3.3 mL = 1 mEq

Trifluridine (Viroptic); Antiviral, Ophthalmic; Ophth soln: 1% [7.5 mL]; Instill 1 drop into each eye q2h while awake (max 9 drops/day/eye) for 2 days, then use 1 drop q4h for 7 days.

Trimethobenzamide (Tigan); Antiemetic; Cap: 100, 250 mg
Inj: 100 mg/mL
Supp: 100, 200 mg ; 15-20 mg/kg/day IM/PO/PR q6-8h prn nausea (max 200 mg/dose IM/PR, 250 mg/dose PO).
Not for IV administration.

Trimethoprim (Proloprim); Antibacterial; Soln: 50 mg/5 mL
Tab: 100, 200 mg; **Otitis Media:**
10 mg/kg/day PO q12h (max 200 mg/day)
UTI:
<12 yrs: 4-6 mg/kg/day PO bid
≥12 yrs: 100 mg PO bid or 200 mg PO qd

Urokinase (Abbokinase); Thrombolytic Agent; Inj: 250,000 units; **Arterial or Venous Thrombosis or Pulmonary Emboli:** IV loading dose 4400 units/kg over 10 min, then 4400 units/kg/hr continuous IV infusion for 12-72h. Individualize dose based on response; reassess clot q12-24h.
Partially occluded catheter: Continuous IV infusion of 150-200 units/kg/hr in each lumen for 8-48h

Ursodiol (Actigall, Urso); Gallstone Dissolution Agent; Cap: 300 mg
Tab: 250 mg
Biliary Atresia: 10-15 mg/kg/day PO qd
Cystic Fibrosis: 30 mg/kg/day PO qd-bid
Cholestasis: 30 mg/kg/day PO bid-tid
An extemporaneously prepared suspension can be made with 60-day stability at room temperature or under refrigeration.

Valacyclovir (Valtrex); Antiviral; Tab: 500, 1000 mg; **Adolescents:**
Herpes Zoster: 1 gm PO tid for 7 days
Herplex labialis (cold sores): 2 gm PO bid x 1 day
First episode genital herpes: 1 gm PO bid x 10 days
Recurrent genital herpes: 500 mg PO bid for 3 days
Chronic Suppressive Therapy:
500-1000 mg/day PO qd

Valproic acid (Depacon, Depakene, Depakote); Anticonvulsant; Cap (Depakene): 250 mg
Cap, sprinkles (Depakote Sprinkles): 125 mg
Inj (Depakene): 100 mg/mL [5 mL]
Syr: 250 mg/5 mL
Tab, DR (Depakote): 125, 250, 500 mg
Tab, ER (Depakote-ER): 500 mg
Seizures:
PO: Initially 10-15 mg/kg/day qd-tid; increase 5-10 mg/kg/day q1wk to maintenance (usual range 30-60 mg/kg/day bid-tid, may require up to 100 mg/kg/day in combination with other anticonvulsants)
PR: May use oral syrup rectally (dilute 1:1 with water): loading dose 17-20 mg/kg, maintenance dose 10-15 mg/kg/dose q8h
IV: 10-60 mg/kg/day IV q6h; if already stable on oral regimen but now NPO, use same mg/kg/day as oral but divide q6h.
Therapeutic Serum Levels: 50-100 mcg/mL
Prophylaxis of migraine headaches:
Depakote-ER only approved dosage form: adults 500 mg PO qd x 7 days, may increase to 1000 mg PO qd if needed
Life-threatening pancreatitis may occur. Monitor liver enzymes and CBC.

Vancomycin (Vancocin); Antibacterial; Cap: 125, 250 mg
Inj: 500 mg, 1 gm
Soln: 1, 10 gm; **Gram-positive infection:** 40-60 mg/kg/day IV q6-8h (max 2 gm/day)
Adjust dose in renal impairment.
Clostridium difficile colitis: 40 mg/kg/day PO q6-8h (max 2 gm/day)
Not absorbed enterally. Oral formulation is not effective for systemic infection.

Vasopressin (Pitressin); Antidiuretic Hormone; Inj: 20 units/mL [0.5, 1, 10 mL]; **Diabetes Insipidus:**
Continuous infusion: 0.5 milliunit/kg/hr (0.0005 U/kg/hr), then double dosage as needed every 30 minutes to a max of 10 milliunit/kg/hr (0.01 u/kg/hr); titrate based on serum and urine sodium, osmolality, fluid balance and urine output.
Intermittent IM/SC: 2.5-10 units bid-qid prn
GI Hemorrhage: Initially 0.002-0.005 U/kg/min, titrate dose as needed to maximum of 0.01 U/kg/min

Varicella zoster immune globulin (VZIG); Immune Globulin; Vial: 125 U/2.5 mL; Administer by deep IM injection (may not be given IV)
0-10 kg = 125 units
10-20 kg; = 250 units
20-30 kg; = 375 units
30-40 kg; = 500 units
≥40 kg = 625 units
Administer within 72 hours after exposure.

Varicella virus vaccine (Varivax); Vaccine; Single dose vials: 0.5 mL; 0.5 mL SC
1-12 y: Single dose
>12 y: 2 doses; second dose 4-8 weeks after first dose. Longer interval between first and second dose does not necessitate third dose but may leave the person unprotected in the intervening months.

Vecuronium bromide (Norcuron); Neuromuscular Blocker Nondepolarizing; Inj: 10, 20 mg; **IV:** 0.1 mg/kg/dose prn

Continuous IV infusion: 0.05-0.1 mg/kg/hr, titrate as necessary to maintain paralysis.

Monitor patient using peripheral nerve stimulator, measuring twitch response.

Vigabatrin (Sabril); Anticonvulsant; Tab: 500 mg; **Epilepsy:**

10-15 kg: 500-1000 mg/day PO qd-bid

16-30 kg: 1000-1500 mg/day PO qd-bid

31-50 kg: 1500-3000 mg/day PO bid

>50 kg: 2000-4000 mg/day PO bid

Usual adult dose: 2000-3000 mg/day PO bid, max 4000 mg/day

Infantile spasms:

50-150 mg/kg/day PO bid

Maximum daily dose 4000 mg. Most common side effects are drowsiness and fatigue. Visual field defects may occur, which may persist upon discontinuation of drug.

Vitamin A (Aquasol A); Vitamin; Cap: 10,000; 15,000; 25,000; 50,000 U

Drops, oral: 5000 U/0.1 mL [30 mL]

Inj: 50,000 U/mL

Tab: 5000, 15000 U; **Severe Deficiency with Xerophthalmia:**

1-8 yrs: 5,000 units/kg/day PO qd for 5 days or until recovery; or 5,000-15,000 units/day IM qd for 10 days.

>8 yrs: 500,000 units/day PO qd x 3 days, then 50,000 units/day PO for 14 days; then 10,000-20,000 units/day PO for 2 mos; or 50,000-100,000 units/day IM for 3 days; then 50,000 units/day IM for 14 days.

Supplementation in measles (recommended by WHO):

6 mos-1 yr: 100,000 U PO qd x 2, then q4 wks if ophthalmologic evidence of Vitamin A deficiency

>1 yr: 200,000 U PO qd x 2, then q4 wks if ophthalmologic evidence of Vitamin A deficiency

Daily dietary supplement (PO):

<1 yr: 1250 U

1-3 yrs: 13300 U

4-6 yrs: 1670 U

7-10 yrs: 2330 U

>10 yrs: female - 2670 U, male - 3330 U

0.3 mcg retinol = 1 U vitamin A

Vitamin E (Aquasol E, D-Alpha Tocopherol); Vitamin; Cap: 100, 200, 400, 600, 1000 U

Drops, oral: 15 U/0.3 mL [12, 30 mL]

Tab: 100, 200, 400, 500, 800 U; **Malabsorption syndrome:** 1 U/kg/day PO qd (max 75 units/day).

Children with cystic fibrosis, sickle cell anemia, or beta-thalassemia may require higher maintenance doses.

Vitamin E deficiency in neonates: 25-50 units/day PO qd x 1 week

Voriconazole (Vfend); Antifungal; Tab: 50, 200 mg

Inj: 200 mg; ≥ 12 yrs: loading dose 6 mg/kg IV q12h x 2 doses, then maintenance dose 4 mg/kg IV q12h or 200 mg PO q12h (use 100 mg PO q12h if <40 kg)

Warfarin (Coumadin); Anticoagulant; Inj: 5 mg

Tab: 1, 2, 2.5, 3, 4, 5, 6, 7.5, 10 mg; 0.1 mg/kg/day PO/IV qd (range 0.05-0.34 mg/kg/day).

Titrate to international normalized ratio (INR) of 2-3. Monitor for signs and symptoms of bleeding.

Zafirlukast (Accolate); Leukotriene Receptor Antagonist; Tab: 10, 20 mg; 5 - 11 yrs: 10 mg PO bid

≥ 12 yrs: 20 mg PO bid

Take on an empty stomach.

Zalcitabine (Hivid, ddC); Antiretroviral, Nucleoside Analog Reverse Transcriptase Inhibitor; Tab: 0.375, 0.75 mg; <13 yrs: 0.005-0.01 mg/kg/dose PO q8h

≥ 13 yrs: 0.75 mg PO q8h

Peripheral neuropathy, fatigue, oral ulcers. Take on an empty stomach.

Zanamivir (Relenza); Antiviral, Neuraminidase Inhibitor; Diskhaler: 5 mg/inhalation; ≥ 7 yrs: 2 inhalations (total dose 10 mg) bid x 5 days

Approved for treatment of uncomplicated influenza type A or B in patients who have had symptoms for <48 hours. Risk of bronchospasm in patients with asthma or chronic obstructive pulmonary disease.

Zidovudine (AZT, Retrovir, ZDV); Antiretroviral, Nucleoside Analog Reverse Transcriptase Inhibitor; Cap: 100 mg

Inj: 10 mg/mL

Syr: 10 mg/mL

Tab: 300 mg; <2 wks: 2 mg/kg/dose PO q6h, or 1.5 mg/kg/dose IV q6h

2-4 wks: 3 mg/kg/dose PO q6h, or 2.25 mg/kg/dose IV q6h

4 wks - 12 yrs: 90-180 mg/m²/dose PO q6h (max 200 mg/dose), or 0.5-1.8 mg/kg/hr continuous IV infusion, or 100-120 mg/m²/dose IV q6h

>12 yrs:

Monotherapy and symptomatic: 100 mg PO q4h or 200 mg PO q8h

Monotherapy and asymptomatic: 100 mg PO q4h while awake (500 mg/day)

Combination therapy: 200 mg PO q8h or 1 mg/kg/dose IV q4h

Most common side effects include anemia, agranulocytopenia, and increased liver function tests.

Zileuton (Zyflo); Leukotriene Receptor Inhibitor; Tab: 600 mg; ≥ 12 yrs: 600 mg PO qid

Take with meals and at bedtime. Not effective for acute episodes of asthma.

Zinc sulfate (Orazinc); Trace Metal; Cap: 220 mg zinc sulfate (50 mg elemental zinc)

Inj: 1 mg elemental zinc/mL, 5 mg elemental zinc/mL

Tab: 110 mg zinc sulfate (25 mg elemental zinc); **Dose expressed as mg elemental zinc**

Zinc Deficiency: 0.5-1 mg/kg/day PO qd-tid

Supplement to Parenteral Nutrition (IV):

Premature infant: 400 mcg/kg/day
Term infant <3 months: 300 mcg/kg/day
3 mos -5 yrs: 100 mcg/kg/day
>5 yrs: 2-5 mg/day

Zinc sulfate contains 23% elemental zinc. Normal serum level 70-130 mcg/dL.

Combination Drugs

Actifed; Decongestant, Antihistamine; Syr per 5 mL: Pseudoephedrine 30 mg, triprolidine 1.25 mg
Tab: Pseudoephedrine 60 mg, triprolidine 5 mg; 4 m-2 yr: 1.25 mL PO tid-qid
2-4 yr: 2.5 mL PO tid-qid
4-6 yr: 3.75 mL tid-qid
6-12 yr: 5 mL or 1/2 tab/cap tid-qid
>12 yr: 10 mL or 1 tab/cap tid-qid
May cause drowsiness.

Adderall

CNS Stimulant; Tab (mixed amphetamine salts): 5, 7.5, 10, 12.5, 15, 20, 30 mg
Cap, XR (mixed amphetamine salts): 10, 20, 30 mg; **3-5 yrs:** Initially 2.5 to 5 mg PO in AM. Increase by 2.5 to 5 mg weekly until 2.5 to 40 mg/d in 1-3 doses/day
≥6 yrs: Initially 5 mg PO qd or bid (in the morning and at noon). Increase daily dose by 5 mg at weekly intervals until optimum response is achieved.
Max 40 mg/day qd-tid.
If converting from immediate-release tablets to extended-release capsules, use same daily mg dose.

Advair; Bronchodilator, Corticosteroid; MDI:

100/50: fluticasone 100 mcg and salmeterol 50 mcg per puff

250/50: fluticasone 250 mcg and salmeterol 50 mcg per puff

500/50: fluticasone 500 mcg and salmeterol 50 mcg per puff; **Patients not currently using inhaled corticosteroids:**

4-11 yrs: one inhalation bid using 100/50 MDI

≥12 yrs: one inhalation bid using 100/50 MDI

Patients currently using inhaled corticosteroids:

Higher doses may be needed

Aldactazide; Diuretic, Thiazide and Potassium Sparing; Tab: Spironolactone 25 mg, hydrochlorothiazide 25 mg;

Spironolactone 50 mg, hydrochlorothiazide 50 mg; 1.5-3 mg/kg/day of spironolactone PO q6-12h (max 200 mg/day)

Extemporaneous suspension can be made with 60-day stability under refrigeration.

Allerest Maximum Strength; Decongestant

Antihistamine; Tab: Pseudoephedrine 30 mg, chlorpheniramine 2 mg; 6-12 yrs: 1 tablet PO q6h prn

>12 yrs: 2 tabs PO q6h prn

Augmentin; Antibacterial, Penicillin; **TID Formulations**

Susp per 5 mL: Amoxicillin 125 mg, clavulanic acid 31.25 mg; 250 mg/62.5 mg;

Tab: Amoxicillin 250 mg, clavulanic acid 125 mg; 500 mg/125 mg

Tab, chew: Amoxicillin 125 mg, clavulanic acid 31.25 mg; 250 mg/62.5 mg

BID Formulations

Susp per 5 mL: Amoxicillin 200 mg, clavulanic acid 28.5 mg; 400 mg/57 mg; Augmentin-ES-600: amoxicillin 600 mg, clavulanic acid 42.9 mg

Tab: Amoxicillin 875 mg, clavulanic acid 125 mg; **125 mg/5 mL or 250 mg/5 mL suspension or 125 mg or 250 mg chewable tablets:** 20-40 mg of amoxicillin component/kg/day PO tid (max 500 mg/dose)

200 mg/5 mL or 400 mg/5 mL suspension or tablets or 200 mg or 400 mg chewable tablets: 25-45 mg of amoxicillin component/kg/day PO bid

Augmentin ES-600: indicated only for persistent or recurrent otitis media: 45 mg/kg/day PO bid

Adolescents and adults using tablets (non-chewable):

Mild-to-moderate infections: 250 mg PO tid or 500 mg PO bid

; Severe infections: 500 mg PO tid or 875 mg PO bid

Treating resistant *Streptococcus pneumoniae*: 80-90 mg/kg/day PO bid

The bid regimen causes less diarrhea. Clavulanic acid is a beta-lactamase inhibitor.

Allergan; Otic Analgesic Agent; Soln, otic: Antipyrine 5.4%, benzocaine 1.4% [15 mL]; **Ear Wax Removal:** instill 2-4 drops 3-4 times daily for 2-3 days

Analgesia: Fill ear canal with 2-4 drops q1-2h until pain and congestion are relieved

Auralgan; Otic Analgesic Agent; Soln, otic: Antipyrine 5.4%, benzocaine 1.4% [10 mL]; **Ear Wax Removal:** instill 2-4 drops 3-4 times daily for 2-3 days

Analgesia: Fill ear canal with 2-4 drops q1-2h until pain and congestion are relieved

Bactrim (Cotrimoxazole, Septra); Antibacterial, Sulfa; Susp per 5 mL: Trimethoprim 40 mg, sulfamethoxazole 200 mg

Tab (single strength or SS): Trimethoprim 80 mg, sulfamethoxazole 400 mg;

Tab (double strength or DS): Trimethoprim 160 mg, sulfamethoxazole 800 mg

Inj per mL: Trimethoprim 16 mg, sulfamethoxazole 80 mg; **Children >2 mos:**

Mild-Moderate Infections: 6-12 mg of trimethoprim/kg/day PO bid

Serious Infections (Pneumocystis): 15-20 mg of trimethoprim/kg/day PO/IV q6h

UTI Prophylaxis: 2 mg of trimethoprim/kg/day PO qd (max 160 mg/day trimethoprim)

Pneumocystis Prophylaxis: 5-10 mg of trimethoprim/kg/day PO bid three days per week (max 320 mg/day)

Caladryl for Kids; Antihistamine; Cream: Calamine 8%, pramoxine 1% [45 gm]; >1 yrs: Apply to the affected area tid-qid

Cheracol Cough Syrup

C-V; Antitussive, Expectorant; Liquid per 5 mL: Codeine 10 mg, guaifenesin 100 mg; Dose based on codeine:

0.5 mg/kg/dose PO q4-6h prn

Cheracol-D; Antitussive, Expectorant; Liquid per 5 mL: Dextromethorphan 10 mg, guaifenesin 100 mg; Dose based on dextromethorphan

1-2 mg/kg/day PO q6-8h (max 120 mg./day)

Drink ample fluids

Cipro HC Otic; Antibacterial, Quinolone; Corticosteroid; Otic susp per mL: ciprofloxacin 2 mg, hydrocortisone 10 mg; ≥1 yr: Instill 3 drops into the affected ear(s) bid x 7 days

Combivent; Bronchodilator, Anticholinergic Agent; MDI: 90 mcg albuterol/puff and 18 mcg ipratropium/puff [200 puffs/14.7 gm]; ≥ 12 yrs: 2 puffs qid. May increase to max 12 puffs/day.
Contraindicated in patients with allergies to soybeans or peanuts.

Combivir ; Antiretroviral, Nucleoside Analog Reverse Transcriptase Inhibitor; Tab: zidovudine 300 mg, lamivudine 150 mg; ≥ 12 yrs: 1 tablet PO bid
Coricidin HBP Cold & Flu Tablets; Analgesic, Antihistamine; Tab: Acetaminophen 325 mg, chlorpheniramine 2 mg; 6-12 yrs: 1 tablet PO q4-6h prn
>12 yrs: 2 tabs PO q4-6h prn
Coricidin D Cold, Flu, & Sinus Tablets; Analgesic, Antihistamine, Decongestant; Tab: Acetaminophen 325 mg, chlorpheniramine 2 mg, pseudoephedrine 30 mg; 6-12 yrs: 1 tablet PO q6h prn
>12 yrs: 2 tabs PO q6h prn
Coricidin HBP Cough & Cold Tablets; Antitussive, Antihistamine; Tab: Dextromethorphan 30 mg, chlorpheniramine 4 mg; >12 yrs: 1 tab PO q6h prn
Coricidin HBP Maximum Strength Flu Tablets; Analgesic, Antihistamine, Antitussive; Tab: Acetaminophen 500 mg, chlorpheniramine 2 mg, dextromethorphan 15 mg; >12 yrs: 2 tabs PO q6h prn
Cortisporin; Corticosteroid, Antibacterial
; Cream per gm: Hydrocortisone 0.5%, neomycin 0.5%, polymixin 10,000 U [7.5 gm]
Oint per gm: Hydrocortisone 1%, neomycin 0.5%, bacitracin 400 U, polymixin B 5,000 U [15 gm]
Ophth oint per gm: Hydrocortisone 1%, neomycin 0.35%, bacitracin 400 U, polymixin 10,000 U [3.5 gm]
Ophth susp: Hydrocortisone 1%, neomycin 0.35%, polymixin 10,000 U/mL [7.5 mL]; **Topical:** Apply topically to affected area bid-qid

Ophth: Instill 1-2 drops in affected eye(s) q3-4h or apply ointment to affected eye(s) q3-4h

Otic: Instill 3 drops in affected ear q6-8h; do not use solution if ear drum has been punctured
Cyclomydril; Mydriatic; Ophth soln: Cyclopentolate 0.2%, phenylephrine 1% [2, 5 mL]; Instill 1 drop in each eye q5-10 min up to 3 doses approximately 40-50 minutes prior to examination
Darvocet-N 50

Darvocet-N 100; Opioid Narcotic; Tab: Propoxyphene 50 mg, acetaminophen 325 mg
Tab: Propoxyphene 100 mg, acetaminophen 650 mg; **Adolescents:**
Darvocet-N 50: 1-2 tabs PO q4h prn or
Darvocet-N 100: 1 tab PO q4h prn
Max 600 mg propoxyphene/day

Dimetane DX; Antitussive, Decongestant, Antihistamine; Syrup per 5 mL: Dextromethorphan 10 mg, pseudoephedrine 30 mg, brompheniramine 2 mg;
Dose per pseudoephedrine component:
4-5 mg/kg/day PO q6h prn

DuoNeb; Anticholinergic Agent, Beta₂ Adrenergic Agonist; Neb Soln: albuterol 2.5 mg, ipratropium 0.5 mg [3 mL unit dose]; Nebulize 3 mL qid.

Diphtheria and Tetanus Toxoids; Vaccines; Inj; DT: 2 Lf units diphtheria and 5 Lf units tetanus [0.5 mL], Td: 2 Lf units diphtheria and 2 Lf units tetanus [0.5 mL]; ≤ 6 yrs: 0.5 mL IM using DT
 ≥ 7 yrs: 0.5 mL IM using Td
See Immunization Schedule in appendix for timing.

EMLA; Eutectic Mixture of Local Anesthetics; Cream: Lidocaine 2.5%, prilocaine 2.5% [5, 30 gm]
Band-Aid impregnated with EMLA cream; Apply thick layer to intact skin and cover with an occlusive dressing, such as Tegaderm. Leave on 1-4h.

Haley's MO; Laxative; Liquid per 5 mL: Mineral oil 1.25 mL, magnesium hydroxide 300 mg; 6-12 yrs: 5-15 mL PO qhs prn
>12 yrs: 15-30 mL PO qhs prn

Lomotil
C-V; Antidiarrheal; Liquid per 5 mL: Diphenoxylate 2.5 mg, atropine 0.025 mg
Tablet: Diphenoxylate 2.5 mg, atropine 0.025 mg; <2 yrs: not recommended
2-12 yrs: 0.3-0.4 mg/kg/day diphenoxylate component PO qid
 ≥ 13 yrs: 5 mg diphenoxylate PO x 1, then 2.5 mg PO bid-tid

Kaletra; Antiretroviral, Protease Inhibitor; Cap: 133.3 mg lopinavir, 33.3 mg ritonavir
Soln per mL: 80 mg lopinavir, 20 mg ritonavir; 7-14.9 kg: 24 mg lopinavir/kg/day PO bid
15-40 kg: 20 mg lopinavir/kg/day PO bid
>40 kg: 400 mg lopinavir PO bid
Take with food to increase absorption. Solution contains alcohol.

Lortab (C-III); Opioid Narcotic, Analgesic; Elix per 5 mL: Hydrocodone 2.5 mg, acetaminophen 167 mg
Tab: Hydrocodone 2.5 mg, acetaminophen 500 mg
Tab: Hydrocodone 5 mg, acetaminophen 500 mg
Tab: Hydrocodone 7.5 mg, acetaminophen 500 mg
Tab: Hydrocodone 10 mg, acetaminophen 500 mg [Lortab Plus]; **Children:** 0.6 mg/kg/day PO of hydrocodone component q6-8h prn pain

<2 yrs: Max 1.25 mg/dose

2-12 yrs: Max 5 mg/dose

>12 yrs: Max 10 mg/dose

Adults: 1-2 tabs PO q4-6h prn

Maximum acetaminophen dosage: 80 mg/kg/day or 4 gm/day (whichever is smaller)

Neosporin; Antibacterial; Oint, topical per gm: Polymyxin B 5,000 U, neomycin 3.5 mg, bacitracin 400 U [0.9 gm unit dose; 15, 30 gm]

Ophth oint per gm: Polymyxin B 10,000 U, neomycin 3.5 mg, bacitracin 400 U [3.5 gm]

Ophth soln per mL: Polymyxin B 10,000 Units, neomycin 1.75 mg, gramicidin 0.025 mg [10 mL]; **Topical:** Apply topically 1-3 times daily

Ophth oint: Apply ointment to lower conjunctival sac of affected eye(s) bid-qid

Ophth soln: Instill 1-2 drops in the affected eye(s) bid-qid for 7-10 days

Neosporin Plus; Antibacterial, Topical Anesthetic; Cream per gm: Polymyxin B 10,000 U, neomycin 3.5 mg, pramoxine 10 mg [15 gm]

Oint per gm: Polymyxin B 10,000 U, neomycin 3.5 mg, bacitracin 500 U, pramoxine 10 mg [15, 30 gm]; Apply topically 1-3 times daily

Otobiotic; Antibacterial.

Corticosteroid; Soln, otic per mL: Polymyxin B 10,000 Units, hydrocortisone 0.5% [15 mL]; Instill 3 drops in each ear tid-qid

Pediacare Cough-Cold; Decongestant, Antihistamine, Antitussive; Liquid per 5 mL: Pseudoephedrine 15 mg, chlorpheniramine 1 mg, dextromethorphan 5 mg; 3-5 yrs: 5 mL or 1 tab PO q4-6h prn

6-12 yrs: 10 mL or 2 tabs PO q4-6h prn

>12 yrs: 15 mL or 4 tabs PO q4-6h prn

Max 4 doses daily.

Pediacare Night Rest Cough Cold; Decongestant, Antihistamine, Antitussive; Liquid per 5 mL: Pseudoephedrine 15 mg, chlorpheniramine 1 mg, dextromethorphan 7.5 mg; 3-5 yrs: 5 mL PO q6-8h prn

6-12 yrs: 10 mL PO q6-8h prn

>12 yrs: 20 mL PO q6-8h prn

Pediarix; Vaccine, Combination; Inj: 0.5 mL

Contains: diphtheria, tetanus, acellular pertussis, hepatitis B, inactivated polio vaccine; 0.5 mL IM

See appendix for vaccination schedule. May be used when all five of these immunizations are due to be given.

Pediazole; Macrolide and Sulfa; Liquid per 5 mL: Erythromycin 200 mg, sulfisoxazole 600 mg [100, 150, 200 mL]; 1-1.25 mL/kg/day PO q6h or 40-50 mg/kg/day of erythromycin PO q6h (max 2 gm erythromycin/day)

Pediotic; Antibacterial, Corticosteroid; Susp, otic per mL: Polymyxin B 10,000 U; neomycin 5 mg; hydrocortisone 1% [7.5 mL]; Instill 3 drops into the affected ear(s) tid-qid

Percocet (C-II); Opioid Narcotic, Analgesic; Cap: Oxycodone 5 mg, acetaminophen 500 mg

Cplt: Oxycodone 5 mg, acetaminophen 500 mg

Soln per 5 mL: Oxycodone 5 mg, acetaminophen 325 mg

Tab: Oxycodone 5 mg, Acetaminophen 325 mg; 0.05-0.15 mg/kg/dose oxycodone component PO q4-6h prn (max 5 mg/dose)

Phenaphen/Codeine, No. 3, No. 4 (C-III); Analgesic, Opioid Narcotic; Tab [No.3]: Acetaminophen 325 mg, codeine 30 mg

Tab [No. 4]: Acetaminophen 325 mg, codeine 60 mg; 0.5-1 mg/kg/dose of codeine component PO q4h prn (max dose 60 mg)

Phenergan with Dextromethorphan; Antihistamine, Antitussive; Syr per 5 mL: Promethazine 6.25 mg, dextromethorphan 15 mg; 2-5 yrs: 1.25 mL PO q4-6h prn

6-12 yrs: 2.5 mL PO q4-6h prn

>12 yrs: 5 mL PO q4-6h prn

Phenergan VC; Antihistamine, Decongestant; Syr per 5 mL: Promethazine 6.25 mg, phenylephrine 5 mg; 2-5 yrs: 1.25 mL PO q4-6h prn

6-12 yrs: 2.5 mL PO q4-6h prn

>12 yrs: 5 mL PO q4-6h prn

Phenergan w/Codeine (C-V); Antihistamine, Antitussive; Syr per 5 mL: Promethazine 6.25 mg, codeine 10 mg; 2-5 yrs: 1.25-2.5 mL PO q4-6h prn

6-12 yrs: 2.5-5 mL PO q4-6h prn

>12 yrs: 5-10 mL PO q4-6h prn

Promethazine VC w/Codeine (C-V); Antihistamine, Antitussive, Decongestant; Syr per 5 mL: Promethazine 6.25 mg, codeine 10 mg, phenylephrine 5 mg; 2-5 yrs: 1.25 mL PO q4-6h prn

6-12 yrs: 2.5-5 mL PO q4-6h prn

>12 yrs: 5 mL PO q4-6h prn

Polycitra; Alkalinizing Agent; Liq per 5 mL: Sodium citrate 500 mg, citric acid 334 mg, potassium citrate 550 mg; 2-3 mEq/kg/day PO tid-qid.

Contains 1 mEq sodium, 1 mEq potassium, and 2 mEq bicarbonate per mL.

Polycitra K; Alkalinizing Agent; Liq per 5 mL: Potassium citrate 1100 mg, citric acid 334 mg

Packet: Potassium citrate 1100 mg, citric acid 334 mg; 2-3 mEq/kg/day PO tid-qid.

Contains 2 mEq potassium and 2 mEq bicarbonate per mL.

Polysporin; Antibacterial; Oint per gm: Polymyxin B 10,000 units; bacitracin 500 units [15, 30 gm]
Oint, ophth per gm: polymyxin B 10,000 units, bacitracin 500 units [3.5 gm]
Powder per gm: Polymyxin B 10,000 units, bacitracin 500 units [10 gm]; **Topical:** Apply topically tid
Ophth: Apply ointment to conjunctival sac of eye(s) q3-4h prn

Primaxin; Antibacterial, Carbacephem; Inj (IV): Imipenem 250 mg, cilastatin 250 mg; 500 mg/500 mg
Inj (IM): Imipenem 500 mg, cilastatin 500 mg; **Dosage is based on imipenem component**
60-100 mg/kg/day IV/IM q6-8h (max 4 gm/day)
IM formulation is limited to mild/moderate infections.
Seizures may occur, especially if renal function is impaired.

Robitussin A-C (C-V); Antitussive, Expectorant; Syr per 5 mL: Codeine 10 mg, guaifenesin 100 mg; 6 mos-2 yrs: 1.25-2.5mL PO q4h prn
2-6 yrs: 2.5-5 mL PO q4-6h prn (max 30 mg/day)
6-12 yrs: 5-10 mL PO q4h prn
>12 yrs: 10 mL PO q4h prn

Robitussin-DM; Expectorant, Antitussive; Syr per 5 mL: Guaifenesin 100 mg, dextromethorphan 10 mg ; 1-2 mg/kg/day of dextromethorphan PO q6-8h prn or
2-5 yrs: 2.5 mL PO q4h prn
6-12 yrs: 5 mL PO q4h prn
>12 yrs: 10 mL PO q4h prn ; ;

Robitussin Allergy & Cold Liquid; Antihistamine, Antitussive, Decongestant; Syr per 5 mL: brompheniramine 2 mg, dextromethorphan 10 mg, pseudoephedrine 30 mg; Dose per pseudoephedrine component:
4-5 mg/kg/day PO q6h (max 10 ml/dose)

Robitussin Pediatric Night Relief Cough & Cold Liquid; Antihistamine, Antitussive, Decongestant; Syr per 5 mL: chlorpheniramine 1 mg, dextromethorphan 7.5 mg, pseudoephedrine 15 mg; 6-11 yrs: 10 mL PO q6 prn
≥12 yrs: 20 mL PO q6h prn

Robitussin Pediatric Cough and Cold; Decongestant, Antitussive; Syr per 5 mL: Pseudoephedrine 15 mg, dextromethorphan 7.5 mg; 2-5 yrs: 5 mL PO q4-6h prn
6-12 yrs: 10 mL PO q4-6h prn
>12 yrs: 15 mL PO q4-6h prn
Maximum four doses daily

Rondec; Decongestant, Antihistamine; Syr per 5 mL: Pseudoephedrine 45 mg, brompheniramine 4 mg
Tab: Pseudoephedrine 60 mg, carbinoxamine 4 mg; 4-5 mg/kg/day of pseudoephedrine PO q6h prn (max 60 mg/dose)

Rondec-DM; Decongestant, Antihistamine, Antitussive; Drops per mL: Pseudoephedrine 15 mg, carbinoxamine 1 mg, dextromethorphan 4 mg
Syr per 5 mL: Pseudoephedrine 45 mg, brompheniramine 4 mg, dextromethorphan 15 mg; 4-5 mg/kg/day of pseudoephedrine PO q6h prn (max 60 mg/dose)

Rondec Drops; Decongestant, Antihistamine; Drops per mL: Pseudoephedrine 15 mg, carbinoxamine 1 mg; 4-5 mg/kg/day of pseudoephedrine PO q6h prn (max 60 mg/dose)

Rondec TR; Decongestant, Antihistamine; Tab TR: Pseudoephedrine 120 mg, carbinoxamine 8 mg; Adolescent: 1 tab PO bid

Ryna Liquid; Decongestant, Antihistamine; Liquid per 5 mL: Pseudoephedrine 30 mg, chlorpheniramine 2 mg; 4-5 mg/kg/day of pseudoephedrine PO q6h prn (max 60 mg/dose)

Ryna-C
(C-V); Antitussive, Decongestant, Antihistamine; Liquid per 5 mL: Codeine 10 mg, pseudoephedrine 30 mg, chlorpheniramine 2 mg; 4-5 mg/kg/day of pseudoephedrine component PO q6h prn

Rynatan Pediatric Suspension; Decongestant, Antihistamine; Susp per 5 mL: Phenylephrine 5 mg, chlorpheniramine 4.5 mg; 2-6 yrs: 2.5-5 mL PO bid prn
7-12 yrs: 5-10 mL PO bid prn
>12 yrs: 10 mL PO bid prn

Septa; Antibacterial, Sulfa; Susp per 5 mL: Trimethoprim 40 mg, sulfamethoxazole 200 mg
Tab (single strength or SS): Trimethoprim 80 mg, sulfamethoxazole 400 mg;
Tab (double strength or DS): Trimethoprim 160 mg, sulfamethoxazole 800 mg
Inj (per mL): Trimethoprim 16 mg, sulfamethoxazole 80 mg; **Children >2 mos:**
Mild-Moderate Infections: 6-12 mg of trimethoprim/kg/day PO bid
Serious Infections (Pneumocystis): 15-20 mg of trimethoprim/kg/day PO/IV q6h
UTI Prophylaxis: 2 mg of trimethoprim/kg/day PO qd (max 160 mg/day trimethoprim)
Pneumocystis Prophylaxis: 5-10 mg of trimethoprim/kg/day PO bid three days per week (max 320 mg/day)
Sodium citrate and citric acid (Bicitra); Electrolyte Supplement; Liq per 5 mL: sodium citrate 500 mg, citric acid 334 mg ; 2-3 mEq/kg/day PO tid-qid
Equivalent to 1 mEq sodium and 1 mEq bicarbonate per mL.

Sodium phosphate and potassium phosphate (Neutra-Phos); Electrolyte Supplement; Powd Packet: phosphorus 250 mg [8 mM], potassium 278 mg [7.125 mEq], sodium 164 mg [7.125 mEq]

Tab:

K-Phos MF: phosphorus 125.6 mg [4 mM], potassium 44.5 mg [1.1 mEq], sodium 67 mg [2.9 mEq]

K-Phos Neutral: phosphorus 250 mg [8 mM], potassium 45 mg [1.1 mEq], sodium 298 mg [13 mEq]

K-Phos No. 2: phosphorus 250 mg [8 mM], potassium 88 mg [2.3 mEq], sodium 134 mg [5.8 mEq]

Uro-KP-Neutral: phosphorus 250 mg [8 mM], potassium 49.4 mg [1.27 mEq], sodium 250.5 mg [10.9 mEq]; **Prevention and treatment of hypophosphatemia:**

2-3 mM/kg/day PO bid-qid

Usual adult dose: 50-150 mM/day PO bid-qid

Synercid; Antibacterial, Streptogramin; Inj: 500 mg (quinupristin 150 mg, dalbapristin 350 mg); 7.5 mg/kg/dose IV q8-12h (frequency depends on the severity of the infection)

Infuse each dose over one hour. Used to treat vancomycin-resistant enterococcus faecium (VREF). Cutaneous reactions and infusion site reactions may occur.

Timentin; Antibacterial, Penicillin; Inj: Ticarcillin 3 gm, clavulanate 0.1 gm; 200-300 mg/kg/day of ticarcillin IV/IM q4-6h (max 24gm/day)

1 gram ticarcillin contains 4.75 mEq Na and 0.15 mEq K. Adjust dose in renal impairment.

Triaminic AM Non-Drowsy Cough & Cold Decongestant Liquid; Antitussive, Decongestant; Susp per 5 mL: dextromethorphan 7.5 mg, pseudoephedrine 15 mg; 2-5 yrs: 5 mL PO q6h prn

6-11 yrs: 10 mL PO q6h prn

≥12 yrs: 10 mL po q6h prn

Triaminic Chest Congestion Liquid; Expectorant, Decongestant; Susp per 5 mL: guaifenesin 50 mg, pseudoephedrine 15 mg; 2-5 yrs: 5 mL PO q6h prn

6-11 yrs: 10 mL PO q6h prn

≥12 yrs: 20 mL PO q6h prn

Triaminic Cold & Allergy Liquid; Antihistamine, Decongestant; Susp per 5 mL: chlorpheniramine 1 mg, pseudoephedrine 15 mg; 2-5 yrs: 5 mL PO q6h prn

6-11 yrs: 10 mL PO q6h prn

≥12 yrs: 20 mL PO q6h prn

Triaminic Cold, Allergy, Sinus Medicine Tablets; Analgesic, Antihistamine, Decongestant; Tab: acetaminophen 650 mg, chlorpheniramine 4 mg, pseudoephedrine 60 mg; ≥12 yrs: one tablet PO q6h prn

Triaminic Throat Pain & Cough Softchew Tablets; Analgesic, Antitussive, Decongestant; Tab: acetaminophen 160 mg, dextromethorphan 5 mg, pseudoephedrine 15 mg; 2-5 yrs: one tablet PO q6h prn

6-11 yrs: 12 tablets PO q6h prn

≥12 yrs: 4 tablets PO q6h prn

Triaminic Cough & Congestion Liquid; Antitussive, Decongestant; Susp per 5 mL: dextromethorphan 7.5 mg, pseudoephedrine 15 mg; 2-5 yrs: 5 mL PO q6h prn

6-11 yrs: 10 mL PO q6h prn

≥12 yrs: 10 mL po q6h prn

Triaminic Softchews Allergy Sinus & Headache Tablets; Analgesic, Decongestant; Tab: acetaminophen 160 mg, pseudoephedrine 15 mg; 2-5 yrs: one tablet PO q4-6h prn (max 4 tablets/day)

6-11 yrs: 2 tablets PO q4-6h prn (max 8 tablets/day)

≥12 yrs: 4 tablets PO q6h prn

Triaminic Cough & Sore Throat Liquid; Analgesic, Antitussive, Decongestant; Susp per 5 mL: acetaminophen 160 mg, dextromethorphan 7.5 mg, pseudoephedrine 15 mg; 2-5 yrs: 5 mL PO q6h prn

6-11 yrs: 10 mL PO q6h prn

≥12 yrs: 10 mL po q6h prn

Triaminic Cold & Cough Liquid; Antihistamine, Antitussive, Decongestant; Susp per 5 mL: chlorpheniramine 1 mg, dextromethorphan 5 mg, pseudoephedrine 15 mg; 2-5 yrs: 5 mL PO q6h prn

6-1 yrs: 10 mL PO q6h prn

≥12 yrs: 20 mL PO q6h prn

Triaminic Cold & Cough Softchews; Antihistamine, Antitussive, Decongestant; Tab, chew: chlorpheniramine 1 mg, dextromethorphan 5 mg, pseudoephedrine 15 mg; 2-5 yrs: 1 tab PO q6h prn

6-11 yrs: 2 tabs PO q6h prn

≥12 yrs: 4 tabs PO q6h prn

Triaminic Cold & Night Time Cough Liquid; Antihistamine, Antitussive, Decongestant; Susp per 5 mL: chlorpheniramine 1 mg, dextromethorphan 7.5 mg, pseudoephedrine 15 mg; 2-5 yrs: 5 mL PO q6h prn

6-11 yrs: 10 mL PO q6h prn

≥12 yrs: 20 mL PO q6h prn

Triaminic Cold, Cough, and Fever Liquid; Analgesic, Antihistamine, Antitussive, Decongestant; Susp per 5 mL: acetaminophen 160 mg,

chlorpheniramine 1 mg, dextromethorphan 7.5 mg, pseudoephedrine 15 mg; 2-5 yrs: 5 mL PO q6h prn
6-11 yrs: 10 mL PO q6h prn
≥12 yrs: 20 mL PO q6h prn

Tobradex; Corticosteroid, Antibacterial; Ophth susp: dexamethasone 0.1%, tobramycin 0.3% [2.5, 5, 10 mL]
Ophth oint: dexamethasone 0.1%, tobramycin 0.3% [3.5 gm]; **Ophth susp:** Instill 1-2 drops into affected eye(s) q4-6h.
Ophth oint: Apply into conjunctival sac of affected eye(s) q6-8h.

Trizivir; Nucleoside Analog Reverse Transcriptase Inhibitors; Tab: abacivir 300 mg, lamivudine 150 mg, zidovudine 300 mg; ≥40 kg: one tablet PO bid

Tylenol Children's Cold Plus Cough Suspension; Analgesic, Antihistamine, Antitussive, Decongestant; Liq per 5 mL: Acetaminophen 160 mg, chlorpheniramine 1 mg, dextromethorphan 5 mg, pseudoephedrine 15 mg; 2-5 yrs: 5 mL PO q6h prn
6-11 yrs: 10 mL PO q6h prn
≥12 yrs: 20 mL PO q6h prn
Maximum 4 doses per day

Tylenol Children's Flu Suspension; Analgesic, Antihistamine, Antitussive, Decongestant; Susp per 5 mL: Acetaminophen 160 mg, chlorpheniramine 1 mg, dextromethorphan 7.5 mg, pseudoephedrine 15 mg; 2-5 yrs: 5 mL PO q6h prn
6-11 yrs: 10 mL PO q6h prn
12 yrs: 20 mL PO q6h prn
Maximum 4 doses per day

Tylenol Infant's Cold Concentrated Drops; Analgesic, Decongestant; Drops per 1 mL: Acetaminophen 100 mg, pseudoephedrine 9.375 mg; Dose per pseudoephedrine component:
4 mg/kg/day PO q6h prn

Tylenol Children's Sinus Suspension; Analgesic, Antihistamine, Decongestant; Susp per 5 mL: Acetaminophen 160 mg, pseudoephedrine 15 mg; 2-5 yrs: 5 mL PO q6h prn
6-11 yrs: 10 mL PO q6h prn
≥12 yrs: 20 mL PO q6h prn
Maximum 4 doses per day

Tylenol Children's Cold Liquid; Analgesic, Antihistamine, Decongestant; Liq per 5 mL: Acetaminophen 160 mg, chlorpheniramine 1 mg, pseudoephedrine 15 mg; 2-5 yrs: 5 mL PO q6h prn
6-11 yrs: 10 mL PO q6h prn
≥12 yrs: 20 mL PO q6h prn
Maximum 4 doses per day

Tylenol Cold Children's Cold Chewable Tablets; Analgesic, Antihistamine, Decongestant; Tab: Acetaminophen 80 mg, chlorpheniramine 0.5 mg, pseudoephedrine 7.5 mg; 2-5 yrs: 2 tablets PO q4h prn
6-11 yrs: 4 tablets PO q6h prn
≥12 yrs: 8 tablets PO q6h prn

Tylenol Infants' Cold Decongestant & Fever Reducer Plus Cough Concentrated Drops; Analgesic, Antitussive Decongestant; Drops per 1 mL: acetaminophen 100 mg, dextromethorphan 3.125 mg, pseudoephedrine 9.375 mg; 2-3 yrs: 1.6 mL PO q4-6h prn (max 6.4 mL/day)

Tylenol Children's Cold Plus Cough Chewable Tablets; Analgesic, Antihistamine, Antitussive, Decongestant; Tab: Acetaminophen 80 mg, chlorpheniramine 0.5 mg, dextromethorphan 2.5 mg, pseudoephedrine 7.5 mg; 2-5 yrs: 2 tablets PO q6h prn
6-11 yrs: 4 tablets PO q6h prn
≥12 yrs: 8 tablets PO q6h prn

Tylenol w/Codeine
(C-III); Analgesic, Opioid Narcotic; Elix per 5 mL: Acetaminophen 120 mg, codeine 12 mg
No. 2 Tab: Acetaminophen 300 mg, codeine 15 mg
No. 3 Tab: Acetaminophen 300 mg, codeine 30 mg
No. 4 Tab: Acetaminophen 300 mg, codeine 60 mg; 0.5-1 mg/kg/dose of codeine PO q4-6h
Maximum 60 mg/dose

Unasyn; Antibacterial, Penicillin; Inj: Ampicillin 1 gm/sulbactam 0.5 gm; ampicillin 2 gm / sulbactam 1 gm; 100-200 mg of ampicillin component/kg/day IM/IV q6h; in meningitis, may use 200-400 mg/kg/day IV q6h (max 8 gm ampicillin/day)

Vasocon-A; Ophth Decongestant, Antihistamine; Ophth soln: Naphazoline 0.05%, antazoline 0.5% [5, 15 mL]; Instill 1-2 drops in each eye q4-6h prn
Do not use for more than 3-4 days.

Vicks Pediatric 44M Cough & Cold Relief Liquid; Antihistamine, Antitussive, Decongestant; Liq per 5 mL: chlorpheniramine 0.67 mg, dextromethorphan 5 mg, pseudoephedrine 15 mg; 2-5 yrs: 5 mL PO q6h prn
6-11 yrs: 10 mL PO q6h prn
≥12 yrs: 20 mL PO q6h prn

Vicks 44M Cough, Cold & Flu Relief Liquid; Analgesic, Antihistamine, Antitussive, Decongestant; Liq per 5 mL: Acetaminophen 162.5 mg, chlorpheniramine 1 mg, dextromethorphan 7.5 mg, pseudoephedrine 15 mg; 2-5 yrs: 5 mL PO q6h prn

6-11 yrs: 10 mL PO q6h prn
12 yrs: 30 mL PO q6h prn

Vicks Children's NyQuil Cold/Cough Relief Liquid; Antihistamine, Antitussive, Decongestant; Liq per 5 mL: chlorpheniramine 0.67 mg, dextromethorphan 5 mg, pseudoephedrine 10 mg; 2-5 yrs: 7.5 mL PO q6h prn
6-11 yrs: 15 mL PO q6h prn
≥12 yrs: 30 mL PO q6h prn

Vicks Pediatric 44E Cough & Chest Congestion Relief Liquid; Antitussive, Expectorant; Syrup per 5 mL: Dextromethorphan 3.3 mg, guaifenesin 33.3 mg; 2-6 yrs: 7.5 mL PO q4h prn (max 45 mL/day)
6-11 yrs: 15 mL PO q4h prn (max 90 mL/day)
≥12 yrs: 15 mL PO q4h prn

Vicks 44E Cough & Chest Congestion Relief Liquid; Antitussive, Expectorant; Liq per 5 mL: dextromethorphan 6.67 mg, guaifenesin 66.7 mg; 2-5 yrs: 5 mL PO q6h prn
6-12 yrs: 10 mL PO q6h prn
≥12 yrs: 15 mL PO q6h prn

Vicodin

Vicodin ES

Vicodin HP

(C-III); Opioid Narcotic, Analgesic; Vicodin Tab: Hydrocodone 5 mg, acetaminophen 500 mg

Vicodin ES Tab: Hydrocodone 7.5 mg, acetaminophen 750 mg

Vicodin HP Tab: Hydrocodone 10 mg, acetaminophen 660 mg; 0.6 mg/kg/day hydrocodone component PO q6-8h prn

<2 yrs: Max 1.25 mg/dose

2-12 yrs: Max 5 mg/dose

>12 yrs: Max 10 mg/dose

Adults: 1-2 Vicodin tabs PO q4-6h prn (max 8 tablets/day) or 1 Vicodin ES tab PO q4-6h prn (max 5 ES tablets/day) or 1 Vicodin HP tab PO q6h prn (max 4 HP tablets/day)

Zosyn; Antibacterial, Penicillin; Inj: Piperacillin 2 gm, tazobactam 0.25 gm; 3 gm/0.375 gm; 4 gm/0.5 gm; 240 mg/kg/day of piperacillin IV q8h, may use up to 300-400 mg/kg/day IV q6h for serious pseudomonal infections (max 12 gm/day)
1 gm piperacillin contains 2.35 mEq Na

Appendix

Immunization Schedule for Infants and Children		
Age	Immunizations	Comments
Birth-2mo	HBV	Infants born to HbsAg-positive or unknown status mothers should be immunized within 12 hours of birth.
1-4 mo	HBV	Second dose should be given at least one month after first dose
2 mo	DTaP, HIB, IPV	DTaP and IPV can be initiated as early as 4 wk in high endemicity areas
4 mo	DTaP, HIB, IPV	2-mo interval (minimum 6 wk) for IPV
6 mo	DTaP, (HIB)	Dose 3 of HIB is not indicated if the product for doses 1 and 2 was Pedvax HIB.
6-18 mo	HBV, IPV	Third dose of HBV should be given at least 2 months after second dose
12-15 mo	HIB, MMR, VAR	Tuberculin testing may be done at the same visit
15-18 mo	DTaP	The fourth dose of DTaP should be given 6-12 mo after third dose and may be given as early as 12 mo, provided that the interval between doses 3 and 4 is at least 6 mo
4-6 y	DTaP, IPV, MMR	DTaP and IPV should be given at or before school entry. DTaP should not be given at or after the seventh birthday
11-12 y	MMR	The second dose of MMR should be given at entry to middle school or junior high school if it was not given at ages 4-6 y.
14-16 y	Td	Repeat every 10 yrs throughout life
DTaP = diphtheria and tetanus toxoids and acellular pertussis vaccine; HBV = Hepatitis B virus vaccine; HIB = Haemophilus influenzae type b conjugate vaccine; IPV = Inactivated polio vaccine; MMR = live measles, mumps, and rubella viruses vaccine; Td = adult tetanus toxoid (full dose) and diphtheria toxoid (reduced dose), for children >7 y and adults; VAR = varicella vaccine		

Immunization Schedule for Children Not Immunized in the First Year of Life		
Age <7 Yrs	Immunization(s)	Comments
First visit	DTaP, HIB, HBV, MMR, IPV, VAR	If indicated, tuberculin testing may be done at same visit. If child is 5 yrs of age or older, HIB is not indicated. Consider varicella vaccine if the child has not had varicella disease.
Interval after first visit: 1 mos	DTaP, HBV	
2 mos	DTaP, HIB, IPV	Second dose of HIB is indicated only in children whose first dose was received when younger than 15 mos

≥8 mos	DTaP, HBV, IPV	
4-6 yrs (at or before school entry)	DTaP, IPV	DTaP is not necessary if the fourth dose was given after the fourth birthday. IPV is not necessary if the third dose was given after the fourth birthday.
11-12 yrs	MMR	At entry to middle school or junior high school.
10 yrs later	Td	Repeat every 10 yrs throughout life
7 Years and Older		
First visit	HBV, IPV, MMR, Td, VAR	IPV may also be given 1 month after the first visit if accelerated poliomyelitis vaccination is necessary. Consider varicella vaccine if the child has not had varicella disease.
Interval after first visit: 2 mos	HBV, IPV, Td, VAR	Second varicella vaccine dose needed 4-8 weeks after first dose if older than 12 years.
8-14 mos	HBV, IPV, Td	
11-12 yrs	MMR	At entry to middle or junior high school
10 yrs later	Td	Repeat every 10 yrs throughout life.
DTaP diphtheria and tetanus toxoids and acellular pertussis; HBV=Hepatitis B vaccine; HIB=Haemophilus influenzae type b conjugate; IPV=inactivated poliovirus vaccine; MMR = live measles, mumps, and rubella; Td=adult tetanus toxoid (full dose) and diphtheria toxoid (reduced dose), for children >7 y and adults; VAR=varicella vaccine		

Haemophilus B Conjugate Vaccines			
Product	Age at First Dose	Subsequent Doses	Dosage
HibTiter	2-6 mos 7-11 mos 12-14 mos 15-71 mos	3 doses, 2 mos apart* 2 doses, 2 mos apart* 1 dose* 1 dose *plus booster dose at 15 mos, which must be at least 2 mos after previous dose	0.5 mL IM
Pedvax HIB	2-6 mos 7-11 mos 12-14 mos 15-71 mos	2 doses, 2 mos apart** 2 doses, 2 mos apart** 1 dose* 1 dose **plus booster at 12 mos, which must be at least 2mos after previous dose *plus booster dose at 15 months, which must be least 2 mos after previous dose	0.5 mL IM

Product	Age at First Dose	Subsequent Doses	Dosage
ActHIB	2-6 mos 7-11 mos 12-14 mos 15-59 mos	3 doses, 2 mos apart* 2 doses, 2 mos apart^ 1 dose** 1 dose Plus booster dose at *12-18 mos ^12-15 mos **15 mos, which must be at least 2 mos after previous dose	0.5 mL IM
(1) Administer IM mid-thigh or deltoid. (2) Try to use same product for complete vaccination course as not therapeutically equivalent. (3) ActHIB may be reconstituted with Tripedia (Aventis-Pasteur brand of whole-cell DTP).			

Varicella vaccine

The AAP recommends varicella vaccination as a routine immunization of childhood. If adolescents 11-12 years old have not been vaccinated or do not have a reliable history of chickenpox disease, they should be vaccinated. When administered to children <12 years, a single dose of vaccine is sufficient. For children \geq 12 years, two doses, separated by 4-8 weeks, are recommended.

Meningococcal vaccine

Primary immunization is a single dose. Protective antibody levels are achieved within 7-10 days. Revaccination may be indicated for individuals at high risk of infection who were first vaccinated at age <4 years or more than three years ago. High-risk groups include: (1) deficiencies in late complement components, (2) functional or actual asplenia, (3) travelers to or residents of hyperendemic areas. The CDC also recommends that college students consider vaccination to reduce the risk for potentially fatal meningococcal disease.

Pneumococcal vaccine, polyvalent

Indicated in children \geq 2 years with increased risk of pneumococcal disease or its complications (asplenia, nephrotic syndrome, immunosuppression).

Pneumococcal vaccine, conjugate

May be given in children as young as six weeks old. Routine immunization schedule consists of 3 doses at 2 month intervals starting at age 2 months followed by a fourth dose at 12-15 months of age. For previously unvaccinated children, three doses at least two months apart are necessary for children 7-11 months of age at first immunization. If the unvaccinated child is 12-23 months of age, then two doses at least two months apart are necessary; if the unvaccinated child is 2 years to 9 years of age, then a single dose is sufficient.

Measles vaccine (single entity)

While the MMR (measles/mumps/rubella) is the preferred product for most immunizations, vaccination for measles is recommended for high-risk groups (eg, college students, health-care workers).

Influenza Vaccine (annually)			
Age	Product Type	Dosage	Number of Doses

6-35 mos	subvirion	0.25 mL	1 or 2*
3-8 yrs	subvirion	0.5 mL	1 or 2*
9-12 yrs	subvirion	0.5 mL	1
> 12 yrs	whole-virion or subvirion	0.5 mL	1
*Two doses are recommended for children <9 years of age who are receiving influenza vaccine for the first time. Wait at least one month in between doses.			

Polio vaccination

To eliminate the risk of vaccine-associated paralytic polio, an all-IPV (inactivated polio vaccine) schedule is now recommended for routine childhood polio vaccination in the US. OPV (oral polio vaccine) may be used only for the following special circumstances:

- mass vaccination campaigns to control outbreaks of paralytic polio
- unvaccinated children who will be traveling in <4 weeks to areas where polio is endemic or epidemic
- children of parents who do not accept the recommended number of vaccine injections

Hepatitis A Vaccine

Immunization with hepatitis A vaccine is indicated for ≥ 2 year olds who are or will be at increased risk of infection by hepatitis A: travelers to endemic areas, populations with high incidence of disease such as native Alaskans, chronic liver disease.

Endocarditis Prophylaxis

For Dental and Upper Respiratory Procedures:

Oral: Amoxicillin 50 mg/kg (max 2 gm) one hour prior to procedure.

Oral, if penicillin allergic: Clindamycin 20 mg/kg (max 600 mg) or cephalexin 50 mg/kg (max 2 gm) or azithromycin/clarithromycin 15 mg/kg (max 500 mg) one hour before procedure.

IV/IM: Ampicillin 50 mg/kg (max 2 gm) 30 minutes before procedure

IV/IM, if penicillin allergic: Clindamycin 20 mg/kg (max 600 mg) or cefazolin 25 mg/kg (max 1 gm) 30 minutes before procedure.

For Gastrointestinal and Genitourinary Procedures:

High-Risk Patients: Ampicillin 50 mg/kg (max 2 gm) IV/IM plus gentamicin 1.5 mg/kg (max 120 mg) IV/IM within 30 minutes before starting procedure; then ampicillin 25 mg/kg (max 1 gm) IV or amoxicillin 25 mg/kg (max 1 gm) PO six hours later.

High-Risk Patients Allergic to Penicillins: Vancomycin 20 mg/kg (max 1 gm) IV over 1-2 hours plus gentamicin 1.5 mg/kg (max 120 mg) IV/IM - complete injections/infusion within 30 minutes before starting procedure.

Moderate-Risk Patients: Amoxicillin 50 mg/kg (max 2 gm) PO one hour before procedure or ampicillin 50 mg/kg (max 2 gm) IV/IM within 30 minutes before starting procedure.

Moderate-Risk Patients Allergic to Penicillins: Vancomycin 20 mg/kg (max 1 gm) IV over 1 hour; complete infusion within 30 minutes of starting procedure.

High-risk patients include those with prosthetic cardiac valves, previous bacterial endocarditis, complex cyanotic congenital heart disease, or surgically constructed systemic pulmonary shunts or conduits. Moderate-risk patients include those with other congenital cardiac malformations, acquired valvar dysfunction, hypertrophic cardiomyopathy, or mitral valve prolapse with valvar regurgitation and/or thickened leaflets. Streptococci viridans are the most common cause of endocarditis after dental or upper respiratory procedures; enterococci are the most common cause of endocarditis after gastrointestinal or genitourinary procedures.

Parenteral Nutrition

Total Parenteral Nutrition Requirements			
	Infants-25 kg	25-45 kg	>45 kg
Calories	90-120 kcal/kg/day	60-105 kcal/kg/day	40-75 kcal/kg/day
Fluid	120-180 mL/kg/day	120-150 mL/kg/day	50-75 mL/kg/day
Dextrose	4-6 mg/kg/min	7-8 mg/kg/min	7-8 mg/kg/min
Protein	2.5-3 gm/kg/day	1.5-2.5 gm/kg/day	0.8-2.0 gm/kg/day
Sodium	2-5 mEq/kg/day	2-5 mEq/kg/day	60-150 mEq/day
Potassium	2-4 mEq/kg/day	2-4 mEq/kg/day	70-150 mEq/day
Chloride	2-3 mEq/kg/day	2-3 mEq/kg/day	2-3 mEq/kg/day
Calcium	1-2 mEq/kg/day	0.5-1.5 mEq/kg/day	0.2-0.3 mEq/kg/day
Phosphate	0.5-1.5 mMol/kg/day	0.5-1.0 mMol/kg/day	7-10 mMol/1000 cal
Magnesium	1 mEq/kg/day	0.5-1 mEq/kg/day	0.35-0.45 mEq/kg/day
Multi-Trace Element Formula	1 mL/day	1 mL/day	1 mL/day
Insulin and Acetate, if indicated.			

Dextrose Infusion:

Dextrose in mg/kg/min = % Dextrose x rate (mL/hr) x 0.167 divided by weight in kilograms

Dextrose% = kcal desired x 2.89 divided by mL volume of TPN solution

Amino Acids (Protein):

% of amino acids = (amino acid requirement in gm x 100) divided by volume of fluid of TPN in mL

Neonates and Infants: Start with 0.5 gm/kg/day and increase by 0.5-1 gm/kg/day as tolerated

Children and Young Adults: Start with 1 gm/kg/day and increase by 0.5-1 gm/kg/day as tolerated.

Lipid solution:

10% soln = 1 gm/10 mL = 1.1 kcal/mL; 20% soln = 2 gm/10 mL = 2.0 kcal/mL. For infants, children, and young adults: Begin with 1 gm/kg/day, and advance as tolerated by 0.5-1 gm/kg/day. Usual maximum is 3 gm/kg/day or 40% of calories per day. Monitor serum triglyceride 6h after infusion (maintain <200 mg/dL)

Parenteral Multivitamin - Dosage:

Neonates	Peds MVI 2mL/kg/day (max 5 mL/day)
Children <11 yrs	Peds MVI 5mL/day
≥11 yrs	MVC 9+3 10 mL/day