

PICU DRUG INFORMATION – QUICK REFERENCE GUIDE for Enteral Sedative and Opiate Agents

FIRST-LINE ENTERAL DOSING:		
Enteral Drug Name	Dosing Information	Additional Information
Alimemazine	Dosing for Extubated Patients <ul style="list-style-type: none"> 1mg/kg three times daily (max. 60mg/dose) Dosing for Intubated Patients <ul style="list-style-type: none"> 3mg/kg three times daily (max. 60mg/dose) 	May increase risk of delirium. Avoid using concomitantly with benzodiazepines if possible. For larger patients (>40kg), seek Pharmacist advice total maximum daily dosing.
Chloral Hydrate	Dosing for Extubated Patients <ul style="list-style-type: none"> 10mg/kg three times daily Dosing for Intubated Patients <ul style="list-style-type: none"> 30mg/kg three times daily 	CONSULTANT PRESCRIPTION ONLY DUE TO MHRA LONG-TERM EXPOSURE SAFETY CONCERNS (potential cancer risk.) Weigh up risks & benefits. <u>Avoid</u> in patients with active GI bleeding or gastritis, or those at high risk of NEC
Morphine	Dosing for extubated patients <ul style="list-style-type: none"> 50-100micrograms/kg four-to-six times daily 	This is for <u>primary enteral dosing</u> for ANALGESIA. See below for conversion from IV dosing for WEANING purposes.
Clonidine	Usual starting dose <ul style="list-style-type: none"> 1 – 3 micrograms/kg three-to-four times daily Max dose: 5 micrograms/kg four times daily 	May cause bradycardia and hypotension. Avoid sudden cessation, need to taper dose.

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DOSE CONVERSION FROM IV TO ENTERAL SEDATION & OPIATES:		
IV Drug Name	Suggested IVI dose for consideration of switch	Steps Required
Morphine (to enteral morphine)	20micrograms/kg/hr	<p>If on fentanyl/alfentanil infusion, <u>convert to IV morphine infusion for 48hrs first.</u></p> <p>Calculate total daily dose of IV morphine in micrograms/kg/day.</p> <p>Multiply by 2 (for bioavailability).</p> <p>Divide by 6 to get the 4-hourly dose of enteral morphine.</p> <p>Stop IV infusion after second dose.</p>
Clonidine (to enteral clonidine)	1microgram/kg/hr	<p><u>Do not</u> directly convert IV dose to enteral if infusion is > 1microgram/kg/hour.</p> <p>Usual enteral dosing range is 1-5micrograms/kg every 6-8 hours.</p> <p>Example: if patient is on 1microgram/kg/hr then prescribe 5micrograms/kg four times daily</p> <p>Stop IV infusion after second dose.</p>
Midazolam (to enteral lorazepam)	50micrograms/kg/hr (i.e. 0.05mg/kg/hr)	<p>Calculate total daily dose of IV midazolam in micrograms/kg/day</p> <p>Divide by 12 (difference in potency)</p> <p>Divide by 4 to give 6-hourly dose of enteral lorazepam.</p> <p>Stop IV infusion after second dose.</p>
Dexmedetomidine (to enteral clonidine)	0.5micrograms/kg/hr	<p>Commence enteral clonidine:</p> <ul style="list-style-type: none"> • 2ug/kg every 6 hr if <6months • 4ug/kg every 6 hr if >6months <p>Reduce dexmedetomidine <u>by 50%</u> 30 minutes after the <u>second</u> clonidine dose</p> <p><u>Stop</u> the dexmedetomidine infusion 30 minutes after <u>third</u> clonidine dose.</p>