



**CLINICAL PRACTICE GUIDELINE
NEWBORN EMERGENCY TRANSPORT SERVICE (NETS WA)**

Transport Medications

This document should be read in conjunction with the [Disclaimer](#)

TRANSPORT DRUGS			
DRUG	PRESENTATION	DOSE	ROUTE
ACICLOVIR	250mg/10mL vial	<30 weeks: 20mg/kg/dose 12 hrly >30 weeks: 20mg/kg/dose 8 hrly Further dilute 1mL from vial to 5mL with 0.9% NaCl = 5mg/mL	UV IV over 1 hour
ADENOSINE	6mg/2mLs vial	Initial dose: 100 micrograms/kg Increase in 50 micrograms/kg increments to max 300micrograms/kg/dose Dilute 1mL to 10mL with 0.9% NaCl = 300micrograms/mL	Rapid IV Increasing doses can be given every 2 minutes until return to sinus rhythm
ADRENALINE	1:10,000 amp (1mg/10mL)	Infusion: 0.1-1micrograms/kg/min Dilute 0.3mg/kg (3mL/kg of 1:10 000) in 50mL glucose/saline solution. 1mL/hr = 0.1micrograms/kg/min	IV UA ETT Acute resus (all routes): Term >34 wks:1mL Preterm <34 wks: 0.5mL Repeated doses maybe required
ALPROSTADIL (PROSTIN)	500 micrograms/mL amp BEWARE of apnoeas Consider intubation	25-50 nanograms/kg/min Divide 167 by the weight of the baby then add 500 micrograms (1 vial) of Prostin to this amount of mLs of diluent 1mL/hr = 0.05 micrograms/kg/min = 50 nanograms/kg/min	IV infusion Eg. If weight = 3.5 kg $167 \div 3.5 = 47.7$ mLs of 0.9% NaCl plus one amp (500 micrograms) of Prostin
AMOXYCILLIN	IV: 500 mg vial Add 4.6 mL WFI = 100 mg/mL IV: 1000 mg vial Add 9.2 mL WFI = 100 mg/mL Do not give simultaneously with Gentamicin, as Y-site incompatible	For Sepsis: 50mg/kg/dose All gestations < 7 days = 12 hourly All gestations ≥ 7 days = 8 hourly FOR MENINGITIS: 100mg/kg/dose All gestations < 7 days = 12 hourly All gestations ≥ 7 days = 8 hourly	IV IM IM: 500 mg vial Add 1.6 mL WFI = 250mg/mL IM: 1000 mg vial Add 3.2 mL WFI = 250mg/mL


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ATROPINE	600 micrograms/mL amp	IV: 20 micrograms/kg/dose Dilute to 6 mLs with WFI to give 600 micrograms/6mL (100micrograms/mL)	IV
BENZYL PENICILLIN	600 mg vial Add 5.6 mL WFI = 100 mg/mL Do not give simultaneously with Gentamicin, as Y-site incompatible	50 mg/kg <7 days = 12 hourly >7 days = 8 hourly	IV IM IM: Add 1.6mL WFI = 300 mg/mL
CAFFEINE	50mg/5mL Loading dose does not require dilution	Loading dose: 20mg/kg	Infuse over 30 mins
CALCIUM GLUCONATE DO NOT MIX WITH SODIUM BICARB	1 gram in 10mLs 10% solution 0.22mmol Ca per mL	For hypocalcaemia seizures: Withdraw 2mL/kg gluconate and dilute with equal amount NaCl. Infuse over 10 minutes Maintenance infusion: 5mL/kg/24 hrs Withdraw 5mL/kg and dilute to 25mLs with 5% glucose or 0.9% NaCl solutions. Infuse at 1mL/hr.	IV slowly over 10 mins Use central line if available. Make sure UVC tip is not in the heart or liver.
CEFOTAXIME	IV 1g vial: Add 9.6mL WFI = 100 mg/mL 500mg vial: Add 4.8mLs WFI =100mg/mL	50 mg/kg <7 days: 12 hrly >7-21 days: 8 hrly >21 days: 6 hrly	IV IM IM: 1g vial Add 3.6 mL WFI = 250 mg/mL
CLONAZEPAM	1 mg/mL amp	Loading dose 100-250micrograms (NOT per kg) Dilute to 10mLs with WFI = 100micrograms/mL, Repeat in 1 hour if required. Infusion dose:10micrograms/kg/hour Dilute 0.5mL (500 micrograms) to 50mL with glucose/saline solution	IV 10micrograms/kg/hr = 1mL/hr
DIGOXIN	50 microgram/2 mLs amp Use undiluted SLOW IVI over 5 mins	Loading dose: <34/40 15-25 micrograms/kg >34/40 30-40 micrograms/kg If dilution required dilute to 10 mL with WFI = 50 micrograms/10 mL	IV Give ½ loading dose then ¼ in 8 hours then last ¼ in 8 hours.
DOBUTAMINE	250mg/20mLs amp (Sandoz) 250mg powder for reconstitution (Aspen) - add 18mL WFI to dissolve, withdraw & further dilute to 20mL (250mg/20mL)	1 - 20 micrograms/kg/min (initially 5 MCG) Infusion: Dilute 30 mg/kg to 50 mL in glucose/saline solution 1 mL/hr = 10 micrograms/kg/min	IV UV as infusion

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DOPAMINE	200 mg/5 mLs amp	5-20 micrograms/kg/min Infusion: Dilute 30mg/kg to 50mLs in 5% glucose or 0.9% sodium chloride 1mL/hr = 10 micrograms/kg/min	IV UV Note: 0.5-5 micrograms/kg/min ↑ renal perfusion 5-20 micrograms/kg/min ↑ renal perfusion & cardiac output
FENTANYL	100 micrograms/2mL amp	4micrograms/kg/dose (pre-intubation) 1-5 micrograms/kg/hour (infusion) Dilute 2mL ampoule to 10 mL with 0.9% sodium chloride = 10 microgram/mL Infusion: Dilute 50 microgram/kg of baby's weight to 50mL glucose/saline solution = 1microgram/kg/mL	Slow IV UV Continuous infusion
FLUCLOXACILLIN	500 mg vial Add 4.6 mL WFI = 100 mg/mL	25 mg/kg/dose <34/40 <14 days = 12 hrly <34/40 ≥14 days = 8 hrly ≥34/40 <14 days = 8 hrly ≥34/40 ≥14 days = 6 hrly For Staph aureus bacteraemia, meningitis, osteomyelitis = 50 mg/kg/dose	IV IM Administer IV over 10 min IM: Add 2.1mL WFI = 200 mg/mL
FRUSEMIDE	20 mg/2 mL amp	0.5-1.0 mg/kg Dilute with WFI/0.9% NS	Preferably IV
GENTAMICIN	80 mg/2 mLs amp Dilute to 8 mLs with NaCl to give 10 mg/mL IV dose SLOWLY over 10 mins Do not give simultaneously with Penicillins, as Y-site incompatible	Corrected GA < 30 weeks: 0-7 days = 5mg/kg 48 hrly > 7 days = 5mg/kg 24 hrly Corrected GA 30-35 weeks: > 7 days = 6mg/kg 24 hrly Corrected GA > 35 weeks: 0-14 days = 4.5mg/kg 24 hrly > 14 days = 7mg/kg 24 hrly	
GLUCAGON	1 mg powder with 1 mL syringe of WFI as diluent	200 micrograms/kg STAT (Max dose 1mg) For infusions: Dilute reconstituted vial to 50 mL with 10% glucose to give 1000 micrograms/50 mL 0.5 mL/kg/hr =10 micrograms/kg/hr Infusion dose:5-20 micrograms/kg/hr	IV IM SC NOTE: 1 unit = 1 mg
HEPARIN SODIUM	NETS only carries 1,000 units/mL amp	0.5 units/mL added to all solutions to be infused centrally i.e.: arterial lines umbilical lines & central venous lines	IV UV UA

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ISOPRENALINE	1000 micrograms/ 5mLs amp	0.05-0.5 micrograms/kg/min Infusion: Dilute 300 micrograms/kg to 50mLs of 0.9% NaCl or glucose solutions 1 mL/hr = 0.1 micrograms/kg/min	IV UV
LIGNOCAINE	50mg/5mLs amp 1%	Loading: 0.5-1mg/kg Maintenance: 10-50 micrograms/kg/min Infusion: Dilute 30 mg/kg in 50mL of 5% glucose solution 1mL/hr = 10micrograms/kg/min	IV over 5 mins
METRONIDAZOLE	500mg/100mL	Loading dose: 15 mg/kg < 7 days – 7.5 mg/kg 24 hrly ≥ 7 days – 7.5mg/kg 12 hrly > 44 weeks – 7.5 mg/kg 8 hrly	IV Infuse over 20 mins
MIDAZOLAM	15mg/3mL amp (5mg/mL) Dilute 1mL Midazolam with 4mL WFI =5mg/5mL (1mg/mL) 5mg/mL Amp (1mg/mL)	Intermittent dosing: 100–200 micrograms/kg 4-8 hourly Infusion: 1-2 micrograms/kg/min 3 mg/kg of baby's weight diluted to 50 mL glucose/saline solutions 1 mL/hr = 1 micrograms/kg/min	IV UV Slow push over 5 mins
MILRINONE	10mg/10mL Withdraw 1.5mg of Milrinone per kg of baby's weight (1.5mL/kg) and dilute to 50mL with an appropriate infusion fluid. Diluent: Sodium chloride 0.9%, Glucose 5%	< 30 weeks Loading dose: 135microgram/kg given over 3 hours (run at 1.5mL/hr for 3 hrs) Then maintenance dose: 0.2microgram/kg/min (run at 0.4mL/hr) ≥ 30 weeks Loading dose: 75microgram/kg given over 60 mins (run at 2.5mL/hr for 1 hour) then maintenance dose: 0.5-0.75microgram/kg/min (run at 1- 1.5mL/hr) NB: LOADING DOSE CAN CAUSE HYPOTENSION, SO OFTEN OMITTED	IV as continuous infusion
MORPHINE	USUALLY 10 mg/mL amp Beware: other strengths may be available in different hospitals	100-200 micrograms/kg/dose Infusions: 10-40micrograms/kg/hour Dilute ampoule to 10mL with WFI = 1mg/1mL Infusion: add 0.5mg/kg to 50mL glucose/saline solution. 1mL = 10 micrograms/kg/ hour	IV UV IM: use undiluted

DRUG	PRESENTATION	DOSE	ROUTE
NEOSTIGMINE (reversal of muscle relaxants)	0.5mg/mL (500mcg/mL) OR 2.5mg/mL (2500mcg/mL) Give over 1 min	50-80micrograms/kg/dose Diluent: sodium chloride, glucose, Use undiluted or dilute contents of 2.5mg amp to 16.5mL = 150microgram/mL	IV,IM To be used in conjunction with Atropine (20micrograms/kg/dose). IV push
PARACETAMOL	Oral: 250mg/mL IV: vial 1mg/mL	ORAL: 28-32 weeks: loading 20mg/kg then 10-15mg/kg/dose max 30mg/kg/day >32 weeks: loading 20mg/kg then 10-15mg/kg/dose max 60mg/kg/day IV: >38weeks: 10mg/kg/dose 6 hrly 35-37 weeks: 7.5mg/kg/dose 8 hrly	IV infuse over 15mins use undiluted
PANCURONIUM	4mg/2mLs amp	100-150 micrograms/kg/dose Repeat after 3 minutes as required Dilute to 10mLs with WFI=400micrograms/mL	IV UV
PIPERACILLIN- TAZOBACTAM (Tazocin)	4g vial	Corrected GA <30 weeks ≤28 days: 100mg/kg/dose 12 hrly >28 days: 100mg/kg/dose 8 hrly Corrected GA 30-36 weeks ≤14 days: 100mg/kg/dose 12 hrly >14 days: 100mg/kg/dose 8 hrly Corrected GA >36 weeks ≤7 days: 100mg/kg/dose 12 hrly >7 days: 100mg/kg/dose 8 hrly Add 37mL WFI to 4g vial=100mg/mL	IV Infuse over 30 minutes
PHENOBARBITONE	200mg/mL amp	Loading dose: 20 mg/kg STAT If no response a further 10-20 mg/kg Dilute to 10mLs with WFI=20mg/mL	IV Infuse over 10-15 mins
PHENYTOIN	50mg/mL amp	Loading dose 15-20 mg/kg Dilute to 1:10 with 0.9% NaCl ONLY . Flush line with 0.9% NaCl pre & post	IV ONLY Infuse over 30-60 mins with ECG monitoring
SODIUM BICARBONATE	8.4% in 10mLs amp 1mL 8.4% = 1mmol	Dilute 1mL 8.4% NaHCO ₃ with 1mL WFI (=4.2% solution) Resus: 1-2mmol/kg over 30 min Correction of pH (½ correction): <u>$0.3 \times \text{wt (kg)} \times \text{base deficit}$</u> 2	IV UV

SURFACTANT (SURVANTA)	8mLs vial Use at room temperature	4 mL/kg/dose in at least 2 separate aliquots Up to 4 doses at 6 hrly intervals	ETT Store opened & unopened vials at 2-8 °C Discard 12 hours after opening
SURFACTANT (CUROSURF)	120mg/1.5mLs 240mg/3mLs Use at room temperature	Rescue: 2.5mLs/kg = 200mg/kg 1.25mLs/kg(100mg/kg) after 12 hours to max dose 400mg/kg Prophylaxis: 1.25-2.5mLs/kg within 15 mins of birth then 1.25mLs/kg 6-12 hourly. Subsequent doses 12 hourly. Max 300-400mg/kg	ETT Store opened & unopened vials at 2-8 °C Discard 12 hours after opening
SUXAMETHONIUM CHLORIDE	100mg/2mLs amp	1-2 mg/kg/dose Dilute 1mL with 4mLs 0.9% WFI = 10mg/mL	IV UV 2mg/kg = 5 mins muscle relaxation
VANCOMYCIN	500mg vial	Corrected GA < 30 weeks: 0-7 days: 10mg/kg/dose 12 hrly >7 days: 10mg/kg/dose 8 hrly Corrected GA 30-37 weeks: 0-7 days: 15mg/kg/dose 12 hrly >7 days: 15mg/kg/dose 8 hrly Corrected GA 37-44 weeks: All ages: 25mg/kg/dose 12 hrly Add 10mL WFI to vial. Withdraw 1mL of this solution (50mg/mL) & further dilute to 10mL with 0.9% saline (=50mg/10mL)	IV UV Infuse over 1-2 hrs
VECURONIUM	10mg powder vial Add 10mL WFI to vial =1mg/mL	Usual intermittent dose: 100micrograms/kg/dose Infusion: 1-4 micrograms/kg/min Dilute 6mg /kg to 50mLs with 0.9%NaCl or 5% Glucose solutions Infusion: 0.5mL/hr = 1 micrograms/kg/min	IV UV Repeat dose at 1-2 hr
VITAMIN K (PHYTOMENADIONE)	2mg/0.2mL amp	BW<1500 grams 0.5mg = 0.05mL BW>1500 grams 1mg = 0.1mL May be diluted to 0.5mL with 0.9% NaCl	UA UV IV IM Over 5 mins IM: use undiluted

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