

		Adrenaline	Fluid bolus	Glucose	Sodium bicarbonate		Tracheal tube		Defibrillation
							Uncuffed	Cuffed	
Strength		1:10 000	Balanced isotonic crystalloid OR, 0.9% Saline	10%	4.2%	8.4%			
Dose		10 mcg kg <sup>-1</sup>	10 mL kg <sup>-1</sup>	2 mL kg <sup>-1</sup>	1 mmol kg <sup>-1</sup>				4 joules kg <sup>-1</sup>
Route		IV, IO	IV, IO	IV, IO	IV, IO, UVC	IV, IO			Transthoracic
Notes			Consider warmed fluids	For known hypoglycaemia				Monitor cuff pressure	Monophasic or biphasic
Age	Weight kg	mL	mL	mL (recheck glucose after dose and repeat as required)	mL	mL	ID mm	ID mm	Manual
< 1 month	3.5	0.35	35	7	7	–	3.0	–	20
1 month	4	0.4	40	8	8	–	3.0–3.5	3.0	20
3 months	5	0.5	50	10	10	–	3.5	3.0	20
6 months	7	0.7	70	14	–	7	3.5	3.0	30
1 year	10	1.0	100	20	–	10	4.0	3.5	40
2 years	12	1.2	120	24	–	12	4.5	4.0	50
3 years	14	1.4	140	28	–	14	4.5–5.0	4.0–4.5	60
4 years	16	1.6	160	32	–	16	5.0	4.5	60
5 years	18	1.8	180	36	–	18	5.0–5.5	4.5–5.0	70
6 years	20	2.0	200	40	–	20	5.5	5.0	80
7 years	23	2.3	230	46	–	23	5.5–6.0	5.0–5.5	100
8 years	26	2.6	260	50	–	26	–	6.0–6.5	100
10 years	30	3.0	300	50	–	30	–	7.0	120
12 years	38	3.8	380	50	–	38	–	7–7.5	120
14 years	50	5.0	500	50	–	50	–	7–8	120–150
Adolescent	50	5.0	500	50	–	50	–	7–8	120–150
Adult	70	10.0	500	50	–	50	–	7–8	120–150

<b>Cardioversion</b>	Synchronised Shock, 1.0 joules kg <sup>-1</sup> escalating to 2.0 joules kg <sup>-1</sup> if unsuccessful.	Weights averaged on lean body mass from 50th centile weights for males and females.  Drug doses based on Resuscitation Council UK Guidelines 2021 recommendations.  Recommendations for tracheal tubes are based on full term neonates.  For newborns glucose at 2.5 mL kg <sup>-1</sup> is recommended.
<b>Amiodarone</b>	5 mg kg <sup>-1</sup> IV or IO bolus in arrest after 3rd and 5th shocks. Flush line with 0.9% saline or 5% glucose (max dose 300 mg).	
<b>Atropine</b>	20 mcg kg <sup>-1</sup> , maximum dose 600 mcg.	
<b>Calcium gluconate 10%</b>	0.5 mL kg <sup>-1</sup> for hypocalcaemia, hyperkalaemia (max dose 30 mL); IV over 2–5 min if unstable; arrhythmia over 5–10 min.	
<b>Lorazepam</b>	100 mcg kg <sup>-1</sup> IV or IO for treatment of seizures. Can be repeated after 10 min. Maximum single dose 4 mg.	
<b>Adenosine</b>	IV or IO for treatment of SVT: 150 mcg kg <sup>-1</sup> (0–11 months of age); 100 mcg kg <sup>-1</sup> (1–11 years of age) Increase dose in steps 50–100 mcg kg <sup>-1</sup> every 1–2 min for repeat doses. 12–17 years: 3 mg, followed by 6 mg after 1–2 min if required, followed by 12 mg after 1–2 min if required. Requires large saline flush and ECG monitoring.	
<b>Anaphylaxis</b>	Adrenaline 1:1000 <b>IM</b> : < 6 months 100–150 mcg (0.1–0.15 mL), 6 months–6 years 150 mcg (0.15 mL), 6–12 years 300 mcg (0.3 mL), > 12 years 500 mcg (0.5 mL); can be repeated after 5 min. After 2 IM injections treat as refractory anaphylaxis and start low dose adrenaline infusion IV.	