

PATIENT NAME & HOSPITAL NO (or addressograph label)	ALLERGIES/SENSITIVITIES	DATE OF BIRTH
	NAME & POSITION OF PERSON RECORDING ALLERGIES	DATE OF CHART

WEIGHT (IN KG)

DATE WEIGHED

Allergies must be documented before prescribing/administration except in exceptional circumstances

DRUG	PUT	IN	DILUENT (circle as appropriate)	RATE RANGE	EQUIVALENT TO DOSE RANGE	PRESCRIBER SIGNATURE	TIME MADE	NURSE(S) SIGNATURE
ANALGESICS, SEDATIVES AND MUSCLE RELAXANTS								
MORPHINE	mg	50 ml		to	ml/hr	10-40 microgram/kg/hr		
MIDAZOLAM	mg	50 ml		to	ml/hr	1-4 microgram/kg/min		
VECURONIUM	mg	50 ml		to	ml/hr	1-4 microgram/kg/min		
ATRACURIUM	mg	50 ml		to	ml/hr			
FENTANYL	microgram	50 ml		to	ml/hr	2-8 microgram/kg/min		
KETAMINE	mg	50 ml		to	ml/hr	10-40 microgram/kg/min		
VASOACTIVE AGENTS								
ADRENALINE	mg	50 ml		to	ml/hr	0.1-0.5 microgram/kg/min		
NORADRENALINE	mg	50 ml		to	ml/hr	0.1-0.5 microgram/kg/min		
DOPAMINE								
Central line	mg	50 ml		to	ml/hr	5-20 microgram/kg/min		
Peripheral line	mg	50 ml		to	ml/hr	5-20 microgram/kg/min		
DOBUTAMINE	mg	50 ml		to	ml/hr	5-20 microgram/kg/min		
DUCT PATENCY								
ALPROSTADIL	microgram	50 ml		to	ml/hr	10-100 nanogram/kg/min		
DINOPROSTONE	microgram	50 ml		to	ml/hr	5-50 nanogram/kg/min		
INTRAVENOUS BRONCHODILATORS								
SALBUTAMOL	mg	50 ml		to	ml/hr	1-2 microgram/kg/min up to 5 microgram/kg/min		
AMINOPHYLLINE								
Age 1 mon-12 yrs	250	mg	250 ml		to	ml/hr	0.5-1 mg/kg/hr	
Age 12 yrs-18 yrs	250	mg	250 ml		to	ml/hr	0.5-0.7 mg/kg/hr	