

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
<b>ANALGESICS, SEDATIVES AND MUSCLE RELAXANTS</b>								
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		
<b>VASOACTIVE AGENTS</b>								
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								
<i>Central line</i>	mg	50 ml		to	ml/hr	5-20 microgram/kg/min		
<i>Peripheral line</i>	mg	50 ml		to	ml/hr	5-20 microgram/kg/min		
DOBUTAMINE	mg	50 ml		to	ml/hr	5-20 microgram/kg/min		
<b>DUCT PATENCY</b>								
ALPROSTADIL	microgram	50 ml		to	ml/hr	10-100 nanogram/kg/min		
DINOPROSTONE	microgram	50 ml		to	ml/hr	5-50 nanogram/kg/min		
<b>INTRAVENOUS BRONCHODILATORS</b>								
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	