

# UC DAVIS NICU Reference Card

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## TPN

	Unit	Initiate (Preterm /Term)	Advance	Goal (Preterm/Term)
Fluid	ml/kg/d	80-100 / 60-80	prn	100-160 / 80-150
Dextrose	mg/kg/min	6-8/4-6	1-2	10-12/8-11
Protein	g/kg/d	2-3	1	3.5-4 / 2-3
Lipid	g/kg/d	2		2-3
Ca	mEq/kg/d	1-2	0.5-1*	3-4 / 0.5-4
	mg/kg/d			60-80 / 9-80
Phos**	mmol/kg/d	0.5	0.3-0.5	1.2-2.2 / 0.5-2.0
	mg/kg/d			39-67 / 15.5-62

\*Advance as long as iCa < 1.45. \*\*Optimal Ca:Phos ratio is 2:1

“Standard” PPN: D10 + 2% AA

“Standard” TPN: D12.5 + 3% AA + 2 g/kg IL

## Additives

Cysteine (preterm < 2.5 kg) – 40 mg per gram AA

Zinc (preterm) – 50 mcg/kg

Levocarnitine (to aid in TG clearance) – 10-20 mg/kg/d

## Reporting TF:

**Goal TF**= what you are planning to target

**Actual TF** = (TPN/IL or Enteral Feeds) + Meds/Side

Drips/flushes+ Boluses/Blood Products/Replacement Fluids

## UVC fluids:

**Starter TPN (D10, 3% AA) for Infants < 30 weeks GA**

**Goal blood sugar 50 – 150**

**UAC** ½ NS with Hep (if < 1500g, use 0.5u/ml Hep, if >1500gn use 1unit/ml Hep)

**PAL** ½ NS with 1unit/ml Hep and Lidocaine 4mg/100ml

**Keep total daily heparin <100 units/kg/day**

## LINES, CATHETERS AND TUBES

\*\* All central lines need a Xray confirmation at time of placement and repeat at 8 hours later\*\*

**UVC** 5 Fr OR 3.5 Fr (<500g); Single, double OR triple lumen  
 Depth: 2/3 shoulder to umbilicus, want at RA-IVC junction  
 (want to terminate at T8-T9, above diaphragm)

**UAC** 5 Fr, 3.5 Fr (<1500g) OR 2.8 Fr (<500g); Single lumen  
 Depth: Shoulder to umbilicus + 1 (PT) - 2 cm (T) (OR 3(kg)+9)  
 want at T6-10 (High position)

**PICC** 26g/2 Fr (<60 ml/h) OR 28g (<12 ml/h)

**PAL** ½ NS with 1unit/ml Hep and Lidocaine 4mg/100ml

**CHEST TUBE** 12 Fr (T), 10 Fr (PT, 8 Fr (micropremie).

**8.5 Fr pigtail**

**FOLEY** 8 Fr (T) OR 5 Fr (PT)

**MISCELLANEOUS** 24g thoracocentesis/bladder tap,  
 22g LP/pericardiocentesis, 20g paracentesis, 18g IO

## SAFETY OF SPECIFIC MEDS GIVEN THROUGH UAC

Safe	Discuss w/Staff	Not Recommended
≤D <sub>12.5</sub> Heparin Na ≤150 Na acetate Morphine	≥D <sub>15</sub> Lipids PGE <sub>1</sub> Caffeine Ampicillin/ Gent Cefotaxime Fentanyl K ≤40	K >40 high dose Ca Na bicarbonate pressors Vancomycin Ativan anticonvulsants Paralytics

## TRANSFUSION GUIDELINES

Postnatal Age	Respiratory Support	No Respiratory Support
Hemoglobin g/dl (Hematocrit %)		
Week 1	11.5 (35%)	10.0 (30%)
Week 2	10.0 (30%)	8.5 (25%)
Week 3	8.5 (25%)	7.5 (23%)

## PHOTOTHERAPY/Exchange Transfusion INFANTS ≥35 wks

-Use Bili Tool Bhutani Curve (also in EMR)

## PHOTOTHERAPY: INFANTS <35 wks (NEJM 2008)

-Use Stanford Premie Bili Recs

## PARTIAL VOLUME EXCHANGE TRANSFUSION

$$\text{Volume (ml)} = \frac{(80 \times \text{wt (kg)}) \times (\text{Hct}_{\text{actual}} - \text{Hct}_{\text{desired}})}{\text{Hct}_{\text{actual}}}$$

Est. Blood Volume = 80 ml/kg; Hct<sub>desired</sub> = 50-55%

## ET TUBE SIZES (depth = 6 + wt (kg))

Wt (g)	GA	ETT
< 500	< 24 wks / IUGR	2.0 (or 2.5)
500 – 1000	24 - 28 wks	2.5
1000 – 2000	28 – 34 wks	3.0 (or 2.5)
2000 – 3000	34 – 38 wks	3.5 (or 3.0)
> 3000	> 38 wks	3.5 (or 4.0)

## VENTILATION GOALS

	pH	pCO <sub>2</sub>	SaO <sub>2</sub>
<b>RDS</b>	≥7.25	45-55/60	90-95% (≤26 wks)
<b>BPD/airleak</b>	≥7.25	50-65 (<7d)	90-95% (27-31 wks)
		55-70 (≥7d)	90-95% (≥32 wks)
<b>PPHN</b>	≥7.40-7.55	35-50	≥90% (≥32 wks on NC)

Note: pCO<sub>2</sub> <35 ↑↑ risk of PVL, airleak; ΔpCO<sub>2</sub> 5 = ΔpH 0.04

## INITIAL RESP SETTINGS

**High-flow NC (1 – 6 lpm)** to generate CPAP 6 cm:

flow (L/min) = 0.92 + 0.68 (wt in Kg)

**NIPPV: PIP** = PEEP + 10, **Rate** 20-40, **IT** 0.3 – 0.4

**SIMV PC/PS: PIP** = 14-28(22), **PEEP** = 4-6(5), **Rate** = 30-40

(15-30 in apnea; minimal rate = 10), **IT** 0.4-0.5, **PS** 6-10

**SIMV PRVC/PS: TV** = 7-10 cc/kg, **PEEP** = 4-6(5), **Rate** =

30-40 (15-30 in apnea; minimal rate = 10), **IT** 0.4-0.5, **PS** 6-10

## HFJV (Jet):

\*\*\*Initial Jet settings for pt < 1000 g for RDS\*\*\*

**Jet PIP** 22 – 24, **Jet Rate** 360 bpm (300 bpm if < 600 g) **Jet**

**IT** 20 msec. **IMV PEEP** 5, **IMV PIP** 8+PEEP, **Rate** 0-4, **IT**

0.4 \*\*\*Conversion from SIMV to JET\*\*\*

**Set Jet PIP** = SIMV PIP + (0 to 4)

**Set PEEP** = SIMV PEEP + 1 to 4 (adjust to maintain MAP post-conversion), **Jet Rate** 420 bpm, **Jet IT** 20 msec

**Conventional PIP** = PEEP + 6, **Rate** 4, **IT** 0.4

\*\*\*Airleak Settings\*\*\*

↓**JET Rate** by 60 bpm to a low of 240 bpm as tolerated

↓**Conventional rate** to 0

\*\*\*Typical Adjustments on Jet\*\*\*

↑ Jet PIP by 1 - 2 ⇒ ↓ pCO<sub>2</sub> by 2 - 4 mmHg (& vice versa)

↑ Jet PIP by 2 - 4 ⇒ ↓ pCO<sub>2</sub> by 5 - 8 mmHg (& vice versa)

Jet Rate range: 240 – 660 bpm – increased rate can improve

oxygenation and ventilation

↑ oxygenation by ↑ Jet PIP, Conv. PIP & PEEP by 1 -2 cm

at the same time

**HFOV MAP** 2-4 >MAP on SIMV, **IT** 33% (30% OR 33%),

**Power** start at 3, “↑ until shaking well” (1-10), **10 Hz** (6-15;

15 in PT ≤2.5 kg) (settings w/airleak: minimal MAP, IT 30%, 15 Hz)

↑ Power by 0.3 ⇒ ↓ pCO<sub>2</sub> by 3-5 mmHg (& vice versa)

↓ Hz ⇒ ↑ TV (& ↑ V<sub>A</sub>), ↑ IT (& vice versa)

**MAP** = (PIP - PEEP) x ((Rate)/(IT) ÷ 60) + PEEP

**OI** = (MAP)(FiO<sub>2</sub>)(100) ÷ PaO<sub>2</sub> (≥40 “80% risk of mortality”)

**AaDO<sub>2</sub>** = (FiO<sub>2</sub>)(713) - PaO<sub>2</sub> - PaCO<sub>2</sub> (≥500 “potential ECMO”)

## SCREENING

**HEAD U/S** (≤32 wks OR 1500g) Initial U/S on DOL 7; if IVH present, repeat weekly until resolves. Late U/S at 36 wks PMA to assess for PVL. \*Early (<72hrs) HUS per attending discretion.

## INITIAL ROP EXAM

All infants with **BW<1500g** OR all infants with gestational

age ≤ **30 6/7 weeks**.

Plus, select infants 1500 to 2000 g who are ≥ 31 wks

deemed at high risk by the staff neonatologist

**Timing of first exam as follows:**

If ≤ 27 6/7 wks: at 31 wks PMA

If > 27 6/7 wks: at 4 wks of age

## FEEDING GUIDELINES FOR ELBW (< 1 kg) INFANTS

**Advancing Feeds:**

- Trophic Feeds (<1000g): 10-20cc/kg/day x 3 days

- Fortify with HMF to 24 kcal/oz when tolerating feeds at 40 mL/kg/d x 24 hr.

- Advancements by 20 mL/kg/d for infants <1 kg; 0

- Advancements by 15 mL/kg BID for infants 1-1.5 kg.

**Donor Milk Guidelines for use:**

- Birth weight <1500 gm

- <34 weeks gestation until 34 weeks gestation

- Multiple birth with at least 1 sibling qualifying for DBM

- Attending neonatologist discretion

→ type of donor breast milk provided will be prescribed

based on the infant’s current weight:

- If <1000 gm will receive high protein DBM
- If >1000 gm will receive standard protein DBM

## ROUTINE CONSULTS:

- STEPS team for diagnoses on Triggers list

## SURGICAL INFANTS:

**PRE-OP:** Consider CBC, BMP, Coags, blood gas 12-24 hours before surgery. Determine goal Hct/Hgb.

\*Anesthesia/NICU attending handoff to be completed

**POST-OP:** Perform post op multidisciplinary huddle at

bedside, complete post-op note.

## Discharge Criteria/Checklist:

-All PO feeding, or with Gtube/NGT home feeding plan

-No Significant Resp events in past 3-7 days?

-Stable temps x 72 in open crib

-Passed CCHD or had ECHO

-Passed Hearing Screen or has F/u

-Vaccines UTD?

-Social Clearance?

-DME and Follow Up Appointments/Referrals made?

## Blood Pressure Thresholds (3<sup>rd</sup> percentile)

GA	Systolic	Mean	Diastolic
24	32	26	15
25	34	26	16
26	36	27	17
27	38	27	17
28	40	28	18
29	42	28	19
30	43	29	20
31	45	30	20
32	46	30	21
33	47	30	22
34	48	31	23
35	49	32	24
36	50	32	25

## PREMATURE INFANT OUTCOMES AT UC Davis

\*May consider the [www.nichd.nih.gov](http://www.nichd.nih.gov) calculator (National data from 2006-2012)

GA	% Survival (2016-2021)
22	60
23	58
24	52
25	81
26	82
27	83

## ANTIBIOTICS

**Acyclovir 20 mg/kg** IV Q8h over 1h

**Amoxicillin 20 mg/kg** QHS for UTI prophylaxis

**Ampho B 1 mg/kg** IV Q24h over 4h

**Ampicillin 50 mg/kg/dose** IV

≤29 wks PMA: Q12h (≤28d), Q8h (>28d)

30-34 wks PMA: Q12h (≤14d), Q8h (>14d)

≥ 35 wks PMA: Q8h

≥45 wks PMA: Q6h

**Ampicillin for GBS or Meningitis:**

300 mg/kg/day IV divided Q8h (≤7d) or Q6h (>8d)

**Azithromycin** (\*Needs ID Approval)

General Dose: 10 mg/kg daily x 7 d

For *Ureaplasma*: 20mg/kg daily x 3 days

**Cefazolin 25 mg/kg** IV (*Ancef*) (intervals as for ceftazidime)

**Cefepime** (\*Needs ID Approval)

**50 mg/kg** IV Q12h OR Q8h (“meningitis interval”)

**Ceftazidime** 50 mg/kg/dose IV

≤29 wks PMA: Q12h (≤28d), Q8h (>28d)

30-36 wks PMA: Q12h (≤14d), Q8h (>14d)

37-44 wks PMA: Q12h (≤7d), Q8h (>7d)

≥45 wks PMA: Q8h

**Clindamycin 5-7.5 mg/kg** IV

(*NEC w/pneumotosis (Metronidazole preferred)*)

≤29 wks PMA: Q12h (≤28d), Q8h (>28d)

30-36 wks PMA: Q12h (≤14d), Q8h (>14d)

37-44 wks PMA: Q12h (≤7d), Q8h (>7d)

≥45 wks PMA: Q6h

**Fluconazole** (\*Needs ID Approval)

**12 mg/kg LD, then 6 mg/kg IV**

<30 wks PMA: Q48h (≤14d), Q24h (>14d)

30-36 wks PMA: Q48h (≤7d), Q24h (>7d)

**25 mg/kg LD, then 12 mg/kg IV**

37-44 wks PMA: Q48h (≤7d), Q24h (>7d)

≥45 wks PMA: Q24h

**Prophylaxis** ≤ 24 wks PMA: 3 mg/kg Q72h x 14d

**Gentamicin**

√ Trough ā 2<sup>nd</sup> dose; if tr > 1, re√ in 12h, if <0.3, discuss with pharmacy.

≤29 wks PMA: **5 mg/kg** IV Q48h (≤7d)

**4 mg/kg** IV Q36h (8-28d), Q24h (>28d)

30-34 wks PMA: **4.5 mg/kg** IV Q36h (≤7d)

**4 mg/kg** IV Q24h (>7d)

≥35 wks PMA: **4 mg/kg** IV Q24h

**Metronidazole** (*For all load w/15 mg/kg*)

≤25 wks PMA 7.5 mg/kg Q 24h

26-27 wks PMA 10 mg/kg Q24h

28-33 wks PMA: 7.5 mg/kg Q12h

34-40 wks PMA: 7.5 mg/kg Q8h

≥40 wks PMA: 7.5 mg/kg Q 6h

**Nafcillin 50 mg/kg** IV (intervals as for Zosyn)

**Nystatin** 0.5 (PT) - 1 ml (T) PO QID

**Vancomycin 15 mg/kg** IV over 90 minutes

→Tr 5-15 (depending on target therapy) (√Tr ā 2<sup>nd</sup> (<30 wks)

OR 3<sup>rd</sup> dose (≥30 wks))

≤29 wks PMA: Q18h (≤14d), Q12h (>14d)

30-36 wks PMA: Q12h (≤14d), Q8h (>14d)

37-44 wks PMA: Q12h (≤7d), Q8h (>7d)with th

≥45 wks PMA: Q6h

**Zosyn 100 mg/kg** IV (Piperacillin-Tazobactam)

≤29 wks PMA: Q12h (≤28d), Q8h (>28d)

30-36 wks PMA: Q12h (≤14d), Q8h (>14d)

37-44 wks PMA: Q12h (≤7d), Q8h (>7d)

≥45 wks PMA: Q8h (Q6h: Piperacillin)

## BLOOD PRODUCTS

**Cryo** 10 ml/kg IV over 1h (*fibrinogen <100*)

**FFP** 10 - 15 ml/kg IV over 1h (*PT > 20, PTT >100*)

**pRBC** 15 ml/kg over 4 hours

**platelets** 10 – 15 ml/kg IV over 1 hour

\* depends on GA, if bleeding, if pre/post op, etc

## CARDIAC MEDS

**Adenosine**(3mg/ml) 0.05 mg/kg IVP, ↑ by 0.05 mg/kg

Q 2 min PRN to 0.25 mg/kg

(0.1 mg/ml)0.02 mg/kg IV/IM, may repeat

1 mg/kg PO Q12h (Needs pHTN team

approval) 0.03 mg

**Captopril** 0.01-0.05 mg/kg PO Q8-12h (*initial dose*)

**Dobutamine drip** 2 – 20 mcg/kg/min

**Dopamine drip** 2 – 20 mcg/kg/min

**Digoxin** 5 mcg/kg PO BID (*4 mcg/kg IV*)

**Epinephrine** **IV:** 0.1-0.3 ml/kg (*0.1 mg/ml*)

**ET:** 0.3-1 ml/kg (*0.1 mg/ml*) (*NRP 2006*)

0.02 – 1 mcg/kg/min

**Epinephrine drip** 50 – 200 mcg/kg/min (↑ by 50)

**Esmolol** 0.1-0.2 mg/kg IV Q4-6h PRN

**Hydralazine**

**Hydrocortisone**

- BP support: Load: 1-2mg/kg, followed by Maintenance 0.5-

2 mg/kg q6-8hr. \*if < 5 days therapy, no need to wear

- Adrenal Insufficiency: discuss dosing with Endo.

**Indomethacin** (*follow BUN/Cr, platelets; UOP >0.5 ml/kg/h*)

(don't give w/ steroids)

- IVH Prophylaxis 0.1 mg/kg IV q 24 h x 3 doses (birth

weight less than or equal to 1000 g) if

initiated within 6 hr of birth

-PDA Treatment: (DOL 2 – 7): 0.2 mg/kg IV Q12h x 3

doses

(>DOL 7): 1<sup>st</sup> dose 0.2 mg/kg, then 0.25

mg/kg for doses 2 & 3

0.1 mg/kg/day ÷ Q 8 hr

1 mg/kg IV, then drip (*V-tach*)

**Isradipine** 0.2 – 1 mcg/kg/min (*start 0.2 if < 1 kg*)

**Lidocaine** 0.02 – 0.3 mcg/kg/min drip

**Milrinone** 0.1-2 mcg/kg/min drip

**Norepinephrine** 0.25 mg/kg PO Q6h OR

**Phenylephrine** 0.01 mg/kg IV Q6h for SVT

**Propranolol** 0.02 - 0.1 mcg/kg/min

**Prostaglandin E<sub>1</sub>** 0.02 - 0.1 mcg/kg/min

**Sildenafil (Revatio)** start at 0.5 mg/kg PO Q8h

**Sildenafil (IV)** 0.06 mg/kg/hr(continuous infusion)

**Vasopressin** 0.1 - 1 milli-units/kg/min (*start @ 0.3; Na*

*q3 -4h*); *Titrate by 0.1 – 0.2; limit up to*

*72 hours*

## DIURETICS

**Acetazolamide** 5 mg/kg PO daily

**Chlorothiazide** 10-40 mg/kg/day PO ÷ BID

5-20 mg/kg/day IV ÷ BID

**Furosemide** 1-2 mg/kg IV (*OR drip 100-400 mcg/kg/hr*)

**Bumetanide** **0.0025-0.0075 mg/kg/hr IV** (*continuous infusion*)

(Bumex)

## NRP MEDS

**Epinephrine** **IV:** 0.1-0.3 ml/kg

(0.1 mg/ml product) **ET:** 0.3-1 ml/kg

## PAIN / SEDATION MEDS

**Acetaminophen** 10-15 mg/kg PO (*15-30 PR*) Q6h PRN

**Acetaminophen for PDA** 15 mg/kg IV/ PO/PR q 6h x 12 doses

**Acetaminophen IV** PMA 28 -32wks: 7.5 mg/kg/dose Q8h

PMA 32 – 36wks: 7.5 mg/kg/dose Q6h

PMA ≥ 37 wks: 10 mg/kg/dose Q6h

0.05-**0.1** mg/kg IV Q1-2h PRN for

**Status Epileptics**

Scheduled 0.1 mg/kg Q 4h

0.1 – 1 mcg/kg/hr

**Dexmedetomidine** **0.5-2mcg/kg/hr**

**Fentanyl Drip** 2-5 mcg/kg IV Q1h PRN

**Fentanyl** 2-5 mcg/kg IV Q1h PRN

**Ibuprofen** 5-10 mg/kg PO Q6-8h

**Midazolam drip** Not recommended < 32 wks

PMA ≥ 32 wks 0.01-0.12 mg/kg/hr

**Midazolam** 0.05-0.1 mg/kg q 2-4hr PRN

**Morphine drip** 0.01-0.05 mg/kg/hr

**Morphine** 0.05-**0.1** mg/kg IV Q1h PRN

**Rocuronium** 0.5-1 mg/kg IV Q1h PRN

**Vecuronium** 0.1 mg/kg IV Q1h PRN

**Vecuronium drip** 0.05 - 0.1 mg/kg/h

## RESPIRATORY MEDS

**Caffeine citrate** 20 mg/kg LD, then 5-10 mg/kg IV/PO

Daily

Convert to PO when ≥ 40ml/kg feeds

**Dexamethasone** 0.1- 0.25 mg/kg IV/PO Q12h x 6 doses

- *Air way edema*

- *For DART/BPD, discuss with attending*

**Duoneb** 1.5 ml Q 12 (inhaled)

**Inhaled NO** **Start at 20ppm. Wean to 15→ 10→ 5→ 4→**

**3→2→1→ off**

**Flovent (44 MCG)** 1 - 2 puffs BID

**Pulmozyme** 2.5 mL 1 -2 times per day x 3 days

## SURFACTANTS

**Infasurf** (*cafactant*) 3 ml/kg ET in 2 aliquots

## OTHER COMMON NICU MEDS

**DEKAs plus** 1 ml PO Q day

**Afrin** (0.05%) 2 gtts/nare BID x 3d

**5% Albumin** **0.5g/kg** (10 ml/kg) IV over 1h

**25% Albumin** **1g/kg** (4 ml/kg) IV over 4h

**Amicar** 100 mg/kg over 1 hr as load, then

25 mg/kg/hr x4 hr, extend as needed

PO, dose varies (*1 ml = 1mEq Na citrate*)

**Bicitra** 20 mg/kg IV over 30-60 min

**Calcium chloride** 100 mg/kg IV over 30-60 min (*preferred*)

**Calcium gluconate** 1 gtt OU Q 5 min x 2, 1h ā ROP exam

**Cyclomydril** 2 ml/kg IVP, then 6 mg/kg/min

**D<sub>10</sub>W** 2 mg/kg elemental Fe PO Q day

**Elemental Fe** 2 mg/kg elemental Fe PO Q day

**Factor VIIa (Novo-7)** 90 mcg/kg IV (*refractory PT/bleeding*) ,

may repeat every 2h until hemostasis achieved

**Famotidine** 0.5 mg/kg IV daily

**Fosphenytoin** 15-20 mg PE/kg LD over 10 min

**G-CSF** 10 mcg/kg SQ Daily x1, then recheck

**HBIG** 0.5 ml IM within 12 hrs of birth

**Hyaluronidase (Vitrase)** 15 units/ml, SC injections, 0.2 ml

for 5 injections around site of infiltrate, use up to 24 hr out

**Insulin drip** 0.01-0.1 units/kg/hour

**IVIG** 500 mg/kg IV over 3h (*\*Needs CPCS*

*Approval*)

**Metoclopramide** 0.1 mg/kg PO/IV Q8H

**Na bicarbonate** 1-2 mEq/kg IV over 1h (*OR 0.3(kg)(BD)*)

**NaCl** ≥0.5 mEq/kg PO QID

**Normal Saline** 10 ml/kg IV over 1h

**Octreotide** 2 – 10 mcg/kg/hour (titrate daily)

**Omeprazole** 0.5-1 mg/kg/PO BID

**Pantoprazole** 1 mg/kg daily IV

**Phenobarbital** 20 mg/kg LD over 15-20 min, then

1.5- 2.5 mg/kg IV/PO BID (**level** 20-40)

**Phentolamine** (for DA infiltrate) 1ml of 0.5mg/ml (max 5 mg) into

existing IV or SC inj into affected area (typical amount 1-5 mg)

**Potassium bolus** 0.5 mEq/kg IV over 1 hour for K < 2.5,

discuss with fellow prior to ordering!

**Synagis** 15 mg/kg IM (*Qm (Seasonal) to*

*inpatients ≥28 wks (≥28d) or w/severe CLD*)

**Ursodiol** 10-15 mg/kg PO Q12h

**Vitamin D** (*D-vi-sol*) 5 – 10 mcg (= 200 – 400 units) daily

**Vitamin E** 30 IU/kg in 2 ml SW NG (<1250g)

**Vitamin K** 0.5 (<1500g) - 1 mg (≥1500g) IM/SQ (IV)

## INTUBATION PREMEDICATION

**1. Morphine** 0.05 - 0.2mg/kg IV (if ≤ 1.5 kg use 0.05 )

**2. Fentanyl** 2mcg/kg IV

**Wait 5 – 10 minutes, then**

**3. Atropine** 0.02 mg/kg IV, (*0.1 mg/ml*)

*Also consider having at bedside:*

**4. Vecuronium** **1mg/ml IV**

**5. Rocuronium** **0.6-1.2 mg/kg IV**

## REPLACEMENT FLUIDS – NO HEPARIN IN THIS EVER

Replace losses > 30 ml/kg/day (12 ml/kg/12 hour shift)

**VL output:** ½ NS + 30 meq/L KCl

**Ostomy output:** NS + 20 meq/L KCl

May 2023. Questions? Email [csollinger@ucdavis.edu](mailto:csollinger@ucdavis.edu)