Acute Medication Form



Tool for acute medication prescribing and administration in pediatrics in a STZ hospital

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CONCLUSION

Our acute medication form ensures rapid availability of medication doses and administration instructions, which are determined after evaluation of the available literature and in accordance with the departmental stock. This also establishes an unequivocal method of medicinal care for this vulnerable patient group.

BACKGROUND

- Of the 10 national themes for safe healthcare, 6 are relevant voor children and these are grouped in: 'safe care for ill children'
- Albert Schweitzer hospital has a Neonate and Children's Department, but no special Intensive Care Unit for these patients
- With extra support for acute situations the quality of care will be increased

METHODS

- Optimize, rewrite and publish procedure
- Revise current version of the form:
- Dosages, concentrations, medicines removed and added, content changes
- Resources: Kinderformularium, Advanced Pediatric Life Support, Teddybear, Micromedex
- Validation of the revised form ()
- Implement a method for revision and to stay up to date with the medicines that are actually in stock

ACUTE MEDICATION FORM

- 1. Normal ranges for vital signs
- 2. Flow charts for resuscitation and intubation advice
- 3. Medication concentration, dose, other details for:
- Propofol, midazolam, adrenalin, atropine, amiodarone, dopamine, dobutamine, sodium bicarbonate, calcium gluconate, glucose, sodium chloride, adenosine, diazepam, phenytoin, phenobarbital, clemastine, hydrocortisone, naltrexone, mannitol, magnesium sulfate

DAILY PRACTICE

- Nurse fills and prints form, doctor autorizes
- Weight checked, otherwise estimated using:
- ❖ [2,5 x age (in years) + 8]
- Route of administration intravenously unless otherwise indicated
- Plan-Do-Check-Act cycle

ACUTE MEDICATIE PROTOCOL KINDEREN vanaf 0 jaar						
Alle toedieningen betreffen de intraveneuze toedieningsweg, tenzij anders is aangegeven						
Normaalwaarden			Tube:	NAAM		
Leeftijd		BLS : hartmassage en beademing 15:2		CEDOODTEDATUM		
Ademhalingsfreq /min Hartfrequentie /min				GEBOORTEDATUM		
				CELUCIT (IZC)		
Systolische bloeddruk	(p50)			GEWICHT (KG)		
	oplossing	dosering	bijzonderheden		toe	diening
Airw ay						
Propofol	10,0 mg/ml	2,0 mg/kg	in 40-80 seconden		0,0 mg	0,00 ml
Midazolam	5,0 mg/ml	0,1 mg/kg	maximaal 15 mg		0,00 mg	0,00 ml

DISCUSSION

- No distinction between neonates and children, with exception of 'wet neonates' (in accordance with Dutch Reanimation Council 2010)
- Keeping up to date requires time but is necessary
- * Pediatricians are responsible for doses, hospital pharmacists for concentrations