

Pediatrics List Organized by Indication

DRUGS	LABELED INDICATION	PEDIATRIC SUBSECTION	PEDIATRIC DOSING
Diazoxide	<ul style="list-style-type: none"> ▪ Short term BP reduction for severe, non-malignant and malignant hypertension 	None	None
Digoxin Injectable	<ul style="list-style-type: none"> ▪ Heart Failure ▪ Atrial Fibrillation 	Labeled S&E for Heart Failure in premature infants, infants and children only	<ul style="list-style-type: none"> ▪ Heart Failure: Digitalizing and Maintenance Recommendations For premature Babies to Children
Dopamine	<ul style="list-style-type: none"> ▪ Correction of hemodynamic imbalances in shock after MI, traum, endotoxic septicemia, surgery and renal failure ▪ Correction of imbalances in conditions of chronic refractory cardiac decompensation 	S&E not established	None
Dobutamine	<ul style="list-style-type: none"> ▪ Short-term inotropic support ▪ Trials not >48hrs of use 	No S&E studies	None
Nitroprusside	<ul style="list-style-type: none"> ▪ Immediate Reduction of BP in hypertensive crises ▪ Producing controlled hypotension in order to reduce bleeding ▪ Acute congestive heart failure 	None	None

Lorazepam Injectable	<ul style="list-style-type: none"> ▪ Status Epilepticus ▪ Preanesthetic 	<ul style="list-style-type: none"> ▪ Status Epilepticus No safety studies in children ▪ Preanesthetic No efficacy in children 	None
Lorazepam Capsules	<ul style="list-style-type: none"> ▪ Anxiety disorders ▪ Short-term relief of anxiety ▪ Anxiety ass't with depressive Symptoms 	S&E not <12years	None
Amphetamine/Dextr oamphetamine tablets/capsules	Attention Deficit Disorder with Hyperactivity	Long Term Effects NOT studies	
Valproate Injectable	<ul style="list-style-type: none"> ▪ In place of oral administration ▪ Monotherapy and adjunctive therapy tx Complex partial seizures ▪ Simple and complex absence seizure ▪ Multiple seizure types inc absence seizure ▪ 	<ul style="list-style-type: none"> ▪ No S&E in Children 	Dosage only <u>Complex Partial Seizures</u> : For adults and children 10 years of age or older.
Bupropion	Depression	<18 has not been established	Studied in 104 children age 6-16
Promethazine	<ul style="list-style-type: none"> ▪ Ameliorate allergic reaction to blood or plasma ▪ In Anaphylaxis as adjunct to epinephrine and other standard measures ▪ Uncomplicated allergic condition in place oral therapy 	S&E in <2years not established	the dosage should not exceed half that of the suggested adult dose. As an adjunct to premedication, the suggested dose is 0.5 mg per lb. of body weight

	<ul style="list-style-type: none"> ▪ Sedation/relief apprehension ▪ Active tx of motion sickness ▪ Prevention and control N/V with anesthesia and surgery ▪ Adjunct to analgesics for control postop pain ▪ Preop, postop, and obstetric sedation ▪ IV in special surgical situation 		
Metaproterenol	Bronchodilator for bronchial asthma and reversible bronchospasm	No S&E <6years for inhalation solution and <12years for inhalation	>12years 2-3 inhalations q 3-4hrs
Terbutaline Ampules	Prevention and reversal of bronchospasm	>=12years	None
Acyclovir Suspension, Capsules, Tablets	<ul style="list-style-type: none"> ▪ Herpes Zoster ▪ Genital Herpes ▪ Chickenpox 	No S&E <2yrs	2 trials, 20 mg/kg 4 times daily (up to 3200 mg per day) for 5 days 3 rd trial, doses of 10, 15, or 20 mg/kg were administered 4 times daily for 5 to 7 days
Acyclovir Ointment	<ul style="list-style-type: none"> ▪ Initial herpes genitalis ▪ limited nonlife-threatening mucocutaneous Herpes simplex virus in immunocompromised 	None	None
Ampicillin	<ul style="list-style-type: none"> ▪ Respiratory Tract Infections caused by S. pneumoniae, Staph. Aureus, H. Infl., and Group A beta-hemolytic streptococci 	<ul style="list-style-type: none"> ▪ Resp Tract and Soft Tissues: >1month ▪ GI/GU Children and Adults ▪ Bacterial 	<ul style="list-style-type: none"> ▪ Resp Tract and Soft Tissues: <40kg: 25-50 mg/kg/day div q6-8hrs ▪ GI/GU <40kg:

	<ul style="list-style-type: none"> ▪ Bacterial Meningitis caused by E. coli, Group B. Streptococci and other Gram-negative bacteria (Listeria monocytogenes, N. meningitidis) ▪ Septicemia and Endocarditis caused by susceptible Gram-positive organisms including Streptococcus sp., penicillin G-susceptible staphylococci, and enterococci. Gram-negative sepsis caused by E. coli, Proteus mirabilis and Salmonella. Endocarditis due to enterococcal strains ▪ UTI caused by sensitive strains of E. coli and Proteus mirabilis ▪ GI Infections caused by Salmonella typhosa, other Salmonella sp., and Shigella sp. 	<p>Meningitis Children and Adults</p>	<p>50mg/kg/day div q6-8hrs >40kg: 500mg q6-8hrs</p> <ul style="list-style-type: none"> ▪ Bacterial Meningitis children and adults: 150-200mg/kg/day ▪ Septicemia Children and adults: 150-200 mg/kg/day
<p>Metronidazole</p>	<ul style="list-style-type: none"> ▪ Gram- positive anaerobes: Clostridium, Eubacterium, Peptococcus niger, Pepto-streptococcus ▪ Gram-neg anaerobes: Bacteroides frag group, Fusobacterium 	<p>None established</p>	<p>None</p>

	<p>species, Prevotella species, Porphyromonas species</p> <ul style="list-style-type: none"> ▪ Protozoal parasites: Entamoeba histolytica, Trichomonas vaginalis 		
Azithromycin	<ul style="list-style-type: none"> ▪ Community-acquired pneumonia due to <i>Chlamydia pneumoniae</i>, <i>Haemophilus influenzae</i>, <i>Legionella</i>, <i>Moraxella catarrhalis</i>, <i>Mycoplasma pneumoniae</i>, <i>Staphylococcus aureus</i>, or <i>Streptococcus pneumoniae</i> in patients who require initial intravenous therapy. ▪ Pelvic inflammatory disease due to <i>Chlamydia trachomatis</i>, <i>Neisseria gonorrhoeae</i>, or <i>Mycoplasma</i> 	<ul style="list-style-type: none"> ▪ AOM: no S&E<6mo ▪ Community Acquired Pneumonia: no S&E<6mo ▪ Pharyngitis/Tonsillitis: no S&E<2 years 	<ul style="list-style-type: none"> ▪ AOM: 30mg/kg ▪ Community Acquired Pneumonia: 10mg/kg d1-> 5mg/kg d2-5 Pharyngitis/Tonsillitis: 12mg/kg d1-5
Cimetidine	<ul style="list-style-type: none"> ▪ Short term tx active duodenal ulcer ▪ Maintenance therapy for duodenal ulcer ▪ Short-term tx of active benign 	Not recommended children <16years	Limited Clinical Experience doses 20-40mg/kg/day

	<p>gastric ulcer</p> <ul style="list-style-type: none"> ▪ Erosive GERD ▪ Prevention UGI bleeding in critically ill patients ▪ Tx pathological hypersecretion 		
Metoclopramide	<ul style="list-style-type: none"> ▪ Symptomatic GE Reflux ▪ Diabetic Gastroparesis ▪ Prevention N/V ass't w/chemo ▪ Prevention post-op N/V ▪ Small Bowel intubation ▪ Radiologic Exam 	No S&E in children Except in small bowel intubation	The recommended single dose is: Pediatric patients above 14 years of age and adults--10 mg metoclopramide base. Pediatric patients (6-14 years of age)--2.5 to 5 mg metoclopramide base; (under 6 years of age)--0.1 mg/kg metoclopramide b
Auralgan	<p>In AOM:</p> <ul style="list-style-type: none"> ▪ pain and inflammation reduction in congestive and serious stages ▪ adjuvant therapy w/systemic antibiotics 	None	None

S&E = Safety and Efficacy

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