






**CLINICAL PRACTICE GUIDELINE
NEWBORN EMERGENCY TRANSPORT SERVICE (NETS WA)**

Resuscitation and Intubation Drugs for Neonates

This document should be read in conjunction with the [Disclaimer](#)

Date:..... Name of Baby: Weight: kg

Drug	Original Concentration	Dilution	Dosage	Dose to be given (mL/kg)	Volume for patient (mL)
Morphine (PMH/KEMH NCCU)	1mg/mL	Do not dilute	100-200 micrograms/kg	0.1-0.2 mL/kg	
Morphine (other hospitals)	10mg/mL	1mL Morphine + 9mL WFI=1mg/mL (10mg in 10mL)	100-200 micrograms/kg	0.1 -0.2mL/kg	
Fentanyl	100 micrograms/2mL	2mL Fentanyl + 8mL normal saline = 10 micrograms/mL	4 micrograms/kg	0.4mL/kg	
Atropine	600 micrograms/mL	1mL Atropine + 5mL WFI =100micrograms/mL (600micrograms in 6mL)	20 micrograms/kg	0.2mL/kg	
Suxamethonium	100mg/2mL	1mL Suxamethonium + 4mLWFI=10mg/mL (5mg in 5mL)	2mg/kg	0.2mL/kg	
Naloxone	400 micrograms/mL	Do not dilute	100 micrograms/kg	0.25mL/kg	
Adrenaline	1:10 000	Give neat through ETT, good IV or UVC	> 34 weeks: 1.0mL/dose < 34 weeks: 0.5mL/dose		
8.4% Na Bicarbonate	1mmol/mL	Dilute 1:1 with WFI (0.5mmol/mL) Give slowly through a good vein or UVC	1-2mmol/kg over 30 mins	2mL/kg	
Midazolam	15mg/3mL	1mL Midazolam + 4mL WFI=1mg/mL (5mg in 5mL)	100 micrograms/kg	0.1mL/kg	

	Neonatal Directorate Management Committee		
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Standards Applicable:	NSQHS Standards: 1  Governance, 4  Medication Safety, 5  Patient ID/Procedure Matching		
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