

APLS 7e manual updates – errata slip

Full details of updates following publication of the APLS 7e manual can be found at the website below:
https://www.alsg.org/en/files/APLS/APLS_7e_Manual_updates.pdf
 Listed below are key changes to the Aide Memoire and drug dosing information.

Inside front cover



APLS Aide Memoire

Age	Guide weight (kg)	A Cuffed ET Tube		C Joules	C Fluid 10 ml/kg (ml)	C Adrenaline 0.1 ml/kg of 1 : 10 000 (ml)	D Lorazepam 0.1 mg/kg Max 4 mg (mg)	D Glucose 3 ml/kg of 10% glucose (ml)	RR At rest Breaths per minute 5 th -95 th centile	HR Beats per minute 5 th -95 th centile	BP systolic		
		Int. diameter (mm)	Length (cm)								5 th centile	50 th centile	95 th centile
Birth	3.5	3.0 (or uncuffed 2.5-3.0)	9	20	35	0.4	0.4	10.5	25-50	120-170	65-75	80-90	105
1 month	4	3.0	9	20	40	0.4	0.4	12	25-50	120-170	65-75	80-90	105
3 months	5	3.0	10	30	50	0.5	0.5	15	25-45	115-160	65-75	80-90	105
6 months	8	3.5	12	30	80	0.8	0.8	24	20-40	110-160	65-75	80-90	105
12 months	10	3.5	13	40	100	1.0	1.0	30	20-40	110-160	70-75	85-95	105
2 years	12	4.0	13	50	120	1.2	1.2	36	20-30	100-150	70-80	85-100	110
3 years	14	4.0	14	60	140	1.4	1.4	42	20-30	90-140	70-80	85-100	110
4 years	16	4.5	14	60	160	1.6	1.6	48	20-30	80-135	80-90	85-100	110
5 years	18	4.5	14	80	180	1.8	1.8	54	20-30	80-135	80-90	90-110	110-120
6 years	20	5.0	15	80	200	2.0	2.0	60	20-30	80-130	80-90	90-110	110-120
7 years	23	5.0	15	100	230	2.3	2.3	69	20-30	80-130	80-90	90-110	110-120
8 years	24	5.5	16	100	240	2.4	2.4	72	15-25	70-120	80-90	90-110	110-120
9 years	28	5.5	16	120	280	2.8	2.8	84	15-25	70-120	80-90	90-110	110-120
10 years	30	6.0	17	120	300	3.0	3.0	90	15-25	70-120	80-90	90-110	110-120
11 years	35	6.0	17	140	350	3.5	3.5	100	15-25	70-120	80-90	90-110	110-120
12 years	40	6.5	18	150	400	4.0	4.0	100	12-24	65-115	90-105	100-120	125-140
14 years	50	7.0	21	150	500	5.0	4.0	100	12-24	60-110	90-105	100-120	125-140
Adult	70	8.0	24	120-150 Joules biphasic	500	10 ml (i.e. 1 mg)	4 mg	100 ml	12-24	60-110	90-105	100-120	125-140

TIP: If a child is particularly big, go up one or two years; particularly small, go down one or two years
 The final responsibility of delivery of the correct dose remains that of the physician prescribing and administering the drug

Chapter 6 – Decreased conscious level (with or without seizures)

Page	Change
111	<p>Maximum dose of IV Midazolam should be 10 mg not 10 g.</p> <p>Correction to second bullet point in Five minutes from seizure onset (max. 10 mg)</p> <p>Correction to second bullet point in Five minutes after first dose of benzodiazepine (max. 10 mg)</p>

Chapter 7 – Exposure

Page	Change
121	<p>Changing amount and strength of lidocaine in second sentence.</p> <p>“A buffered solution (i.e. 10 ml of 1% lidocaine with 1 ml of 8.4% sodium bicarbonate)”.</p>

Chapter 8 – Structured approach to the seriously injured child

Page	Change			
139	<p>Correction of text to second bullet in the final row in Paediatric major trauma table to change the dose from 0.2 to 0.5ml/kg:</p> <table border="1" data-bbox="469 1181 1536 1317"> <tbody> <tr> <td>C</td> <td>Calcium gluconate</td> <td> <ul style="list-style-type: none"> • Maintain ionised calcium more than 1.0 mmol/litre • Administer 0.5 ml/kg 10% calcium gluconate over 10 minutes as required • Give calcium routinely after MHP pack one </td> </tr> </tbody> </table>	C	Calcium gluconate	<ul style="list-style-type: none"> • Maintain ionised calcium more than 1.0 mmol/litre • Administer 0.5 ml/kg 10% calcium gluconate over 10 minutes as required • Give calcium routinely after MHP pack one
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Appendix C – Paediatric Major Trauma

Page	Change	Please note: All doses can be given via INTRAVENOUS (IV) or INTRAOSSEOUS (IO) route																		
		Age	Birth	1/12	3/12	6/12	1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	9 yr	10 yr	11 yr	12 yr	14 yr	Adult
373		Weight (kg)	3.5	4	5	8	10	12	14	16	18	20	23	24	28	30	35	40	50	70
		Blood (FFP) 10 ml/kg	35 ml	40 ml	50 ml	80 ml	100 ml	120 ml	140 ml	160 ml	180 ml	200 ml	230 ml	240 ml	250 ml	250 ml	250 ml	250 ml	250 ml	250 ml
		Tranexamic Acid (TXA 15 mg/kg)	52.5 mg	60 mg	75 mg	120 mg	150 mg	180 mg	210 mg	240 mg	270 mg	300 mg	345 mg	360 mg	420 mg	450 mg	525 mg	1 g	1 g	1 g
		Hypertonic Saline (2.7–3%) 3 ml/kg over 10–20 mins >40 kg: 250 ml	10.5 ml	12 ml	15 ml	24 ml	30 ml	36 ml	42 ml	48 ml	54 ml	60 ml	69 ml	72 ml	84 ml	90 ml	105 ml	250 ml	250 ml	250 ml
		Calcium Gluconate 0.5 ml/kg over 10–20 mins >20 kg: 10 ml	1.75 ml	2.0 ml	2.5 ml	4.0 ml	5.0 ml	6.0 ml	7.0 ml	8.0 ml	9.0 ml	10 ml	10 ml	10 ml	10 ml	10 ml	10 ml	10 ml	10 ml	10 ml
		Morphine 50–100 mcg/kg >40 kg: 2–10 mg	0.175– 0.35 mg	0.2– 0.4 mg	0.25– 0.5 mg	0.32– 0.8 mg	0.5– 1 mg	0.6– 1.2 mg	0.7– 1.4 mg	0.8– 1.6 mg	0.9– 1.8 mg	1–2 mg	1.15– 2.3 mg	1.2– 2.4 mg	1.4– 2.8 mg	1.5– 3 mg	1.75– 3.5 mg	2–4 mg	2–10 mg	2–10 mg
		Fentanyl 0.5–1 mcg/kg >40 kg: 50–100 micrograms	1.75– 3.5 mcg	2–4 mcg	2.5–5 mcg	3.2–8 mcg	5–10 mcg	6–12 mcg	7–14 mcg	8–16 mcg	9–18 mcg	10–20 mcg	11.5–23 mcg	13–26 mcg	14–28 mcg	15–30 mcg	17.5–35 mcg	20–40 mcg	50–100 mcg	50–100 mcg
		Paracetamol 15 mg/kg IV infusion <10 kg: 10 mg/kg >50 kg: 1 g	35 mg	40 mg	50 mg	80 mg	150 mg	180 mg	210 mg	240 mg	270 mg	300 mg	345 mg	360 mg	420 mg	450 mg	525 mg	800 mg	1 g	1 g

Appendix J - Formulary

Page	Change																					
458	<p>Adenosine</p> <p>Addition of text to the table for Neonates and 1 – 11 months: The SVT algorithm has an initial dose of 100 micrograms/kg; infants may be less responsive to this dose and may require escalation to higher doses quickly as per the algorithm.</p> <p>Addition of text to the Notes: Doses above reflect references from the BNFC however the SVT algorithm has a standard initial dose for all ages of 100 microgram/kg.</p> <table border="1"> <thead> <tr> <th>Adenosine</th> <th></th> <th>Neonates</th> <th>1-11 months</th> <th>1-11 years</th> <th>12-18 years</th> <th></th> </tr> </thead> <tbody> <tr> <td>Antiarrhythmic to terminate supraventricular tachycardia and to elucidate mechanism of tachycardia</td> <td>Rapid IV injection</td> <td>150 micrograms/kg If necessary repeat every 1-2 minutes increasing the dose by 50-100 micrograms/kg until tachycardia terminated or max. single dose of 300 micrograms/kg given</td> <td>150 micrograms/kg If necessary repeat every 1-2 minutes increasing the dose by 50-100 micrograms/kg until tachycardia terminated or max. single dose of 500 micrograms/kg given</td> <td>100 micrograms/kg If necessary repeat every 1-2 minutes increasing the dose by 100 micrograms/kg to a max. of 12 mg</td> <td>Initially 3mg; if necessary followed by 6 mg after 1-2 minutes and then by 12 mg after a further 1-2 minutes. In some children over 12 years a 3 mg dose is ineffective (e.g. if small peripheral vein used) and higher initial dose may be used</td> <td>Single dose</td> </tr> <tr> <td colspan="7"> <p>The SVT algorithm has an initial dose of 100 micrograms/kg; infants may be less responsive to this dose and may require escalation to higher doses quickly as per the algorithm.</p> <p>Notes: Drug should be given rapidly over 2 seconds followed by rapid sodium chloride 0.9% flush. A large vein is required. Caution should be executed when considering adenosine in the asthmatic child. Children who have had a heart transplant are very sensitive to the effects of adenosine. Children receiving dipyridamole should receive a quarter (1/4) of the usual dose of adenosine. Doses above reflect references from the BNFC however the SVT algorithm has a standard initial dose for all ages of 100 microgram/kg.</p> </td> </tr> </tbody> </table>	Adenosine		Neonates	1-11 months	1-11 years	12-18 years		Antiarrhythmic to terminate supraventricular tachycardia and to elucidate mechanism of tachycardia	Rapid IV injection	150 micrograms/kg If necessary repeat every 1-2 minutes increasing the dose by 50-100 micrograms/kg until tachycardia terminated or max. single dose of 300 micrograms/kg given	150 micrograms/kg If necessary repeat every 1-2 minutes increasing the dose by 50-100 micrograms/kg until tachycardia terminated or max. single dose of 500 micrograms/kg given	100 micrograms/kg If necessary repeat every 1-2 minutes increasing the dose by 100 micrograms/kg to a max. of 12 mg	Initially 3mg; if necessary followed by 6 mg after 1-2 minutes and then by 12 mg after a further 1-2 minutes. In some children over 12 years a 3 mg dose is ineffective (e.g. if small peripheral vein used) and higher initial dose may be used	Single dose	<p>The SVT algorithm has an initial dose of 100 micrograms/kg; infants may be less responsive to this dose and may require escalation to higher doses quickly as per the algorithm.</p> <p>Notes: Drug should be given rapidly over 2 seconds followed by rapid sodium chloride 0.9% flush. A large vein is required. Caution should be executed when considering adenosine in the asthmatic child. Children who have had a heart transplant are very sensitive to the effects of adenosine. Children receiving dipyridamole should receive a quarter (1/4) of the usual dose of adenosine. Doses above reflect references from the BNFC however the SVT algorithm has a standard initial dose for all ages of 100 microgram/kg.</p>						
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467	Levetiracetam - maximum dose of IV Levetiracetam should be 3 g not 4.5 g. Correction to Maximum single dose 3 g.					
471	Correction to wording in infusion to "Use 1:1000 (1 mg/ml) noradrenaline concentrate"					
472	Paracetamol – rectal loading dose for 2–12 years should be 125–500 mg not mg/kg					
472	Paracetamol Changes to the 4 th row – IV dosing information					
	Paracetamol	IV	Neonate 32 weeks corrected gestational age and above	Neonate	Infant and Child (up to 10 kg)	Child (10–50 kg) Child (50 kg and above)
			7.5 mg/kg every 8 hours, dose to be administered over 15 minutes.	10 mg/kg	10 mg/kg	15 mg/kg 1 g
			Notes: Every 4–6 hours Give over 15 minutes <10kg: max. daily dose 30mg/kg 10–50 mg/kg: max. daily dose 60mg/kg >50 kg: max. daily dose 4g			

