

## **Part 2: Standard Pediatric Case Setup**

Below is a standard case set up for pediatric patients (<12 years old). All of the following should be prepared and immediately available for every case. The pediatric anesthesia cart should be in the room.

**Airway** (two laryngoscope blades and one ETT with stylet opened - alternate size should be available and on ventilator but does not have to be opened)

- Two age based ETTs ([age/4] +4). Calculated size plus one size smaller.
- Two appropriately sized blades and one pediatric size handle
  - Premie → 5 months: Mil 0, Mil1
  - 6mo → 2yr: Mil 1, Wishipple/Miller 1.5
  - 3yr → 7yr: Mac 2, Mac 3
  - 8 and older: Mac 3
- Appropriately sized facemask (use your judgment), plus second mask of different size if borderline
- N<sub>2</sub>O on Ventilator. Sevoflurane vaporizer full.
- Eye tape and ETT tape split down middle on one end
- 2 appropriately sized oral airways
- 12French flexible suction catheter, Yankauer on ventilator
- 1 appropriately sized LMA (weight based - see outer packaging) as backup option which may remain within peds cart (*If LMA is the primary airway plan, ensure there is a second size available if patient is close to the weight cut-offs*)
- Jackson-Rees circuit available for transport at the end of the case
- Underbody Bair Hugger

### **Fluids**

- <15kg: Buretrol with 500ml Lactated Ringers, *without bubbles in line*. (Pediatric incidence of PFO is approximately 10%)
- >15kg: 500ml Lactated Ringers - Buretrol not necessary.

### **IV**

- Standard IV kit supplies. 24g and 22g IVs for all cases, however the typical size IV for children over 2 yr old is usually a 22g. Use your judgment.

**Medications** (With the exception of propofol, a good clinical practice is to only draw up the dose of medication you intend to deliver to the patient, rather than the entire vial as is frequently done in adult cases. This is to prevent accidental overdosing which can be orders of magnitude larger than the desired dose in small pediatric patients)

- *Propofol*: 10mL x2
- *Fentanyl*: use a TB syringe if doses < 25mcg at a time are to be administered
- *Ondansetron*: 0.15mg/kg (only for patients > 2yrs old)
- *Dexamethasone*: 0.2-0.5mg/kg, depending on clinical indication (PONV vs. airway edema)

**Emergency Medications** (some attendings prefer these mixed, others prefer each in separate syringes. Only draw up dose to be administered.)

- *Atropine*: 20mcg/kg
- *Succinylcholine*: IV → 1.5mg/kg IM → 3-4mg/kg

**Adjuncts** (check with your attending to see if these are indicated)

- *Acetaminophen*: 15mg/kg
- *Ketorolac*: 0.5mg/kg maximum dose (pt must be >6mo)
- *Dexmedetomidine*: 200mcg in 100mL for 2mcg/mL. Alternatively, 200mcg in 50mL for 4mcg/mL.

**See pictures below for reference.**







