

Pharmacists should note that published dosage information can vary, sometimes substantially, between sources. Information in this section has been drawn from the following reference sources, with the best effort made to present the most appropriate dosage(s) for each medicine.

- *eMIMS* (CMPMedica Australia, 2008; Apr)
- *Australian Drug Information for the Health Care Professional* (Phoenix Medical Publishing, 2008; Mar)
- *Australian Medicines Handbook* (2008)
- *Martindale: the complete drug reference* (35th edn. London: Pharmaceutical Press; 2007)
- Kemp CA, McDowell JM. *Paediatric Pharmacopoeia* (13th edn. Melbourne: Royal Children's Hospital; 2002).

## Paediatric dosing

In this section omission of a paediatric dose for a medicine does not imply the medicine is not recommended for children; rather, it means the medicine is rarely used in children and/or reliable dosing data are not available and/or the medicine is generally used in specialised paediatric hospitals. The paediatric doses presented are those commonly recommended as a starting dose, but different doses may be required to suit the needs of individual patients. In general, therapy should be introduced at the lower end of a dosage range and increased as necessary.

Some medicines administered to children are given 'off label'. That is, the indication, age range or route differs from that in the approved Product Information. Such use is not illegal and, in fact, may be best practice in some cases. However, a 'contraindication' for use in children is likely to have significantly more serious implications. As with all therapy, counselling should occur and include specific reference to 'off label' use.

Care should be taken with neonates if specific doses are not available: the pharmacokinetics of medicines can vary markedly between this group and older children and adults.

The following sources may be useful if pharmacists require more detailed information on paediatric dosing:

- a Paediatric Drug Information Service
- *Paediatric Pharmacopoeia* (Pharmacy Department, The Royal Children's Hospital, Melbourne)
- *Drug Doses for Children* (The Children's Hospital at Westmead)
- *British National Formulary for Children* (RPS Publishing)
- Therapeutic Guidelines.

Unless otherwise specified, the doses given are for oral administration. When doses are based on body weight, for children greater than 12 months of age ideal body weight should be used for most drug dosing and the maximum dose should not generally exceed the usual adult dose.

The average weights and surface areas of children from birth to 14 years of age are listed in Table B.1. Approximate surface areas are given for children of the specified weight and average height for that weight. Whenever possible, and particularly in infants under 12 months, an accurate measurement of weight should be made. When using weight as a basis for dosage in oedematous or obese children, the ideal weight for height and age should be used and can be calculated using the formula:

$$\text{Ideal body weight (kg)} = \frac{[\text{height (cm)}]^2 \times 1.65}{1,000}$$

**Table B.1 Average weights and surface areas for children aged to 14 years**

Age last birthday	Average body weight (kg)	Average surface area (m <sup>2</sup> )
Term	3.5	0.23
3 months	6.0	0.31
6 months	7.3	0.38
1	10	0.47
2	12	0.54
3	14	0.61
4	16	0.67
5	18	0.72
6	20	0.77
7	22	0.83
8	25	0.88
9	28	0.93
10	31	0.98
11	35	1.02
12	39	1.08
13	43	1.22
14	50	1.37

## Additional information

### Missed doses

More than 80% of patients miss doses of their medicines occasionally. When a medicine is dispensed a plan for missed doses should be provided to patients. Consumer Medicine Information leaflets may contain a section on what to do if a dose is missed. For oral contraceptives see '[Managing missed doses of oral contraceptives](#)', in Section D. Further information about missed