Pediatric Levothyroxine Orders

IV bolus in rapid succession:

1. **Dextrose 25%**:

   - **Infant/Neonate (less than 1 year old):** 200 mg/kg = ____ mg IV x 1 dose
   - **Child:** 1 gm/kg = ____ gm IV x 1 dose (Max dose 25 gm)

2. **(Methylprednisolone) (Solumedrol):** 30 mg/kg = __ mg IV x 1 dose (Max dose 2 gm over 1 hour)

3. **Regular Insulin:** 0.05 Units/kg = _____ Units IV x 1 dose (Max dose 20 units)

4. **Levothyroxine**:

   - 0-6 months 5 mcg/kg = _____ mcg
   - 7-11 months 4 mcg/kg = _____ mcg
   - 1-5 years 3 mcg/kg = _____ mcg
   - 6-12 years 2.5 mcg/kg = _____ mcg
   - 13-16 years 1.5 mcg/kg = _____ mcg
   - > 16 years 0.8 mcg/kg = _____ mcg

   (NOTE: If pt. IBW greater than or equal to 44 kg dosage should equal 20 mcg Levothyroxine IVP)

5. **Follow immediately w/ basal infusion Levothyroxine**:

   - 0-6 months 1.4 mcg/kg/hr = _____ mcg/hr
   - 7-11 months 1.3 mcg/kg/hr = _____ mcg/hr
   - 1-5 years 1.2 mcg/kg/hr = _____ mcg/hr
   - 6-12 years 1.0 mcg/kg/hr = _____ mcg/hr
   - > 12 years 0.8 mcg/kg/hr = _____ mcg/hr

   (NOTE: If pt. IBW greater than or equal to 44 kg dosage should equal 10 mcg/hour. May titrate for desired effect. Max dose no greater than 20 mcg/hr)

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Levothyroxine (T-4) is only compatible with normal saline.

Glucose levels should be monitored 30 minutes before and 1 hour following bolus administrations to maintain a serum glucose level > 100 mg/dL.

Potassium replacement may be necessary if K less than 2.0.