Emergency Department Dosing Recommendations for Children and Adolescents

Medication	Dose	Peak effect	Max daily dose	Notes
Chlorpromazine	PO/IM: 12.5-60 mg (IM should be half PO dose) 0.55 mg/kg/dose	PO: 30-60 minutes IM: 15 minutes	• Child <5 years: 40 mg/day • Child >5 years: 75 mg/day	• Monitor for hypotension and QT prolongation
Clonidine	PO: 0.05-0.1 mg	30-60 minutes	• 27-40.5 kg: 0.2 mg/day • 40.5-45 kg: 0.3 mg/day • >45 kg: 0.4 mg/day	• Monitor for hypotension & bradycardia • Avoid giving with BZD or antipsychotics due to hypotension risk
Diphenhydramine	PO/IM: 12.5-50 mg 1 mg/kg/dose	2 hours	• Child: 50-100 mg • Adolescent: 100-200 mg	• Avoid in delirium • Can be combined with haloperidol or chlorpromazine if concerns for EPS • Can cause disinhibition or delirium in younger or DD youth
Haloperidol	PO/IM: 0.5-5 mg (IM should be half PO dose)	PO: 2 hours IM: 20 minutes	• 15-40 kg: 6 mg • >40 kg: 15 mg • (depending on prior anti-psychotic exposure)	• Consider EKG or cardiac monitoring for QT prolongation, esp. if given IV • Monitor hypotension. • Note EPS risk with MDD > 3 mg/day, with IV dosing having very high EPS risk • Consider AIMS testing
Lorazepam	PO/IM/IV/NGT: 0.5-2 mg Or 0.05 mg-0.1 mg/kg/dose	IV: 10 minutes PO/IM: 1-2 hours	• Child: 4 mg • Adolescent: 6–8 mg • (depending on weight and prior exposure)	• Can cause disinhibition or delirium in younger or DD youth • Can be given with haloperidol, chlorpromazine, or risperidone • Do not give with olanzapine (esp. IM due to risk of respiratory suppression
Olanzapine	PO/ODT/IM: 2.5-10 mg (IM should be ¼-1/2 PO dose)	PO: 5 hours (range 1-8 hours) IM: 15-45 minutes	• 10-20 mg depending on prior antipsychotic exposure	• Do not give within one hour of benzodiazepine
Quetiapine	PO: 25-50 mg 1-1.5 mg/kg/dose (or divided)	PO: 30 minutes - 2 hours	• >10 years: 600 mg (depending on prior anti-psychotic exposure)	• More sedating at lower doses • Monitor for hypotension
Risperidone	PO/ODT: 0.25-1 mg 0.005-0.01 mg/kg/dose	PO: 1 hour	• Child: 1-2 mg • Adolescent: 2-3 mg (depending on prior anti-psychotic exposure)	• Can cause akathisia at higher doses

Source: Gerson R et al, West J Emerg Med *2019;20(2):409–418.*

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