

PARAMAGICIANS TACTICAL GUIDE

PEDIATRIC "STREET MATH" & MEDICATION MATRIX — 2026 EDITION

PEDIATRIC "STREET MATH" RAPID ESTIMATION

Weight Approximation (1–10 Yrs)

$$\text{Weight (kg)} = (\text{Age} \times 2) + 8$$

Rapid baseline for sizing equipment, fluid resuscitation volumes, and initial drug calculations.

Systolic BP Low Limit (Hypotension)

$$\text{Min SBP} = (\text{Age} \times 2) + 70$$

The floor threshold for defining pediatric decompensated shock. Below this requires immediate intervention.

CARDIAC & RESUSCITATION MATRIX

MEDICATION	PEDIATRIC STANDARD DOSING	STREET RULES & TACTICAL LOGIC
Epinephrine 1:10,000 (0.1 mg/mL)	0.01 mg/kg IV / IO Max: 1 mg per single dose	Repeat every 3–5 minutes during active cardiac arrest. Flush line completely with normal saline following administration to ensure delivery.
Amiodarone	5 mg/kg IV / IO bolus	Indicated for refractory VFib or pulseless VTach. May repeat up to 3 total doses if initial rhythms remain unresponsive to defibrillation.
Atropine Sulfate	0.02 mg/kg IV / IO Min: 0.1 mg Max: 0.5 mg	Indicated for symptomatic bradycardia unresponsive to oxygenation. Minimum dose required to prevent reflex bradycardia.

RESPIRATORY & ANAPHYLAXIS MATRIX

MEDICATION	PEDIATRIC STANDARD DOSING	STREET RULES & TACTICAL LOGIC
Epinephrine 1:1,000 (1 mg/mL)	0.01 mg/kg IM Max: 0.3 mg per single dose	Administer via lateral thigh (Vastus Lateralis). Indicated for severe anaphylaxis with airway swelling or secondary systemic shock signs.
Albuterol Sulfate (Proventil)	2.5 mg Nebulized	Administer via oxygen flow meter set at 6–8 L/min. Indicated for acute bronchospasm, severe reactive airway disease, or asthma flares.

SEIZURE & SEDATION MATRIX

MEDICATION	PEDIATRIC STANDARD DOSING	STREET RULES & TACTICAL LOGIC
Midazolam (Versed)	0.1 mg/kg IV / IO 0.2 mg/kg IM / IN	Indicated for status epilepticus or combative airway management. Monitor respiratory rate, SpO2, and EtCO2 continuously after delivery.
Fentanyl Citrate (Sublimaze)	1 mcg/kg IV / IO / IN Slow titration required	Indicated for acute orthopedic or burn trauma pain control. Administer slowly over 1–2 minutes to completely mitigate risk of chest wall rigidity.

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All clinical formulas, medication estimations, dosages, and operational guidelines displayed on this reference tool are optimized strictly for academic review, training simulations, and high-level educational memory mapping. This document does not constitute direct medical advice or formal clinical direction. Emergency medical procedures and drug administrations must ALWAYS be performed in strict compliance with your local regional protocols, standing medical orders, and the direct oversight of your local system Medical Director. The author, Paramagicians.com, and all associated networks accept absolutely zero liability for real-world clinical actions, field miscalculations, or adverse patient outcomes resulting from unauthorized field use of this training aid.