

EMERGENCY DEPARTMENTS

Ibuprofen oral doses (e.g., Advil[®], Motrin[®], etc.) according to weight (10 mg/kg/dose)

Child's name: _____

Weight: _____ kg Date: ____/____/____

*Highlight the line corresponding to the child's actual weight

*Provide a 3, 5, 10, or 20 mL oral syringe depending on the dose to be administered

Dosage: One dose **every 6 hours as needed** for pain or fever
(maximum: 4 doses/day)

Weight (kg)	Weight (lb)	Infants Drops 40 mg / mL	Children Suspension 100 mg / 5 mL	Children Junior tablets *over 2 years old* 100 mg / tablet
5	11	1.2 mL	2.5 mL	-
6	13.2	1.5 mL	3 mL	-
7	15.4	1.7 mL	3.5 mL	-
8	17.6	2 mL	4 mL	-
9	19.8	2.2 mL	4.5 mL	-
10	22	2.5 mL	5 mL	-
11	24.2	2.7 mL	5.5 mL	1 tablet
12	26.4	3 mL	6 mL	1 tablet
13	28.6	3.2 mL	6.5 mL	1 tablet
14	30.8	3.5 mL	7 mL	1 tablet
15	33	3.7 mL	7.5 mL	1 ½ tablets
16	35.2	4 mL	8 mL	1 ½ tablets
17	37.4	4.2 mL	8.5 mL	1 ½ tablets
18	39.6	4.5 mL	9 mL	1 ½ tablets
19	41.8	4.7 mL	9.5 mL	1 ½ tablets
20	44	5 mL	10 mL	2 tablets
21	46.2	5.2 mL	10.5 mL	2 tablets
22	48.4	5.5 mL	11 mL	2 tablets
23	50.6	5.7 mL	11.5 mL	2 tablets
24	52.8	6 mL	12 mL	2 tablets
25	55	6.2 mL	12.5 mL	2 ½ tablets
26	57.2	6.5 mL	13 mL	2 ½ tablets
27	59.4	6.7 mL	13.5 mL	2 ½ tablets
28	61.6	7 mL	14 mL	2 ½ tablets
29	63.8	7.2 mL	14.5 mL	2 ½ tablets
30	66	7.5 mL	15 mL	3 tablets