

TABLE 1

**KIDs List for Children One Year and Older**

Age	Drug	Risk	Strength	Evidence quality
<b>Avoid</b>				
< 3 years or 10 kg (22 lb)	Darunavir (Prezista)	Seizures, death	Strong	Very low
< 6 years	Diphenoxylate/atropine (Lomotil)	Respiratory depression, death	Strong	Moderate
	Linaclotide (Linzess)	Death from dehydration	Weak	Very low
	Plecanatide (Trulance)	Death from dehydration	Weak	Very low
< 10 years or 50 kg (110 lb)	Lindane	Seizure, spasm	Moderate	Low
All children	Indinavir (Crixivan)	Nephrolithiasis	Strong	High
	Paregoric	Gasping syndrome, seizures, central nervous system depression, hypoglycemia	Strong	High
	Propofol (Diprivan; avoid more than 4 mg per kg per hour for > 48 hours)	Infusion syndrome	Strong	Moderate
<b>Caution</b>				
< 6 years	Valproic acid	Pancreatitis, fatal hepatotoxicity	Strong	High
< 8 years	Tetracyclines	Enamel hypoplasia, tooth discoloration	Strong	High
All children	Camphor	Seizures	Weak	Low
	Dopamine antagonists*	Dystonia, respiratory depression, death	Strong	Moderate
	Lamotrigine (Lamictal)	Serious skin rashes	Strong	High
	Meperidine (Demerol)	Respiratory depression	Strong	High
	Olanzapine (Zyprexa; concern for use > 24 weeks)	Metabolic syndrome	Strong	High
	Opium tincture	Respiratory depression	Strong	High
	Salicylates (if suspicion of viral illness)	Reye syndrome	Weak	Very low
	Tramadol	Respiratory depression	Weak	Low

KIDs = key potentially inappropriate drugs in pediatrics.

\*—Specific dopamine antagonists include chlorpromazine, fluphenazine, haloperidol, metoclopramide (Reglan), perphenazine, pimozide, prochlorperazine, promethazine, trifluoperazine, and trimethobenzamide (Tigan).

Adapted with permission from Meyers RS, Thackray J, Matson KL, et al. Key potentially inappropriate drugs in pediatrics: the KIDs List. *J Pediatr Pharmacol Ther.* 2020;25(3):181-184.

TABLE 2

**KIDs List for Infants**

Age	Drug	Risk	Strength	Evidence quality
<b>Avoid</b>				
Neonates	Chloramphenicol	Gray baby syndrome	Strong	High
	Gentamicin ophthalmic ointment	Severe ocular reactions	Strong	High
	Macrolides (unless for pertussis or chlamydia pneumonia)	Hypertrophic pyloric stenosis	Strong	High
	Meperidine (Demerol)	Respiratory depression	Strong	High
	Midazolam (if very low birth weight)	Intraventricular hemorrhage, death	Strong	High
	Naloxone (for neonatal resuscitation)	Seizure	Strong	High
	Nitrofurantoin	Hemolytic anemia	Weak	Very low
	Opium tincture	Respiratory depression	Strong	High
< 6 months	Sodium polystyrene sulfonate (if very low birth weight)	Colonic perforation	Weak	Low
	Sulfonamides (unless treating congenital toxoplasmosis)	Kernicterus	Weak	Very low
< 6 months	Dicyclomine	Apnea	Strong	Low
Teething	Benzocaine	Methemoglobinemia	Strong	High
	Lidocaine, viscous	Seizures, arrhythmia, death	Strong	High
All Infants	Carbinoxamine	Death	Strong	Low
	Codeine	Respiratory depression, death	Strong	High
	Darunavir (Prezista)	Seizures, death	Strong	Very low
	Diphenoxylate/atropine (Lomotil)	Respiratory depression, death	Strong	Moderate
	Dopamine antagonists*	Dystonia, respiratory depression, death	Strong	Moderate
	Indinavir (Crixivan)	Hyperbilirubinemia, nephrolithiasis	Strong	Low
	Ivermectin (Stromectol; oral)	Encephalopathy	Weak	Low
	Linacotide (Linzess)	Death from dehydration	Weak	Very low
	Lindane	Seizure, spasms	Moderate	Low
	Loperamide (Imodium)	Ileus, lethargy	Strong	High
	Malathion (Ovide)	Organophosphate poisoning	Weak	Very low
	Mineral oil	Lipid pneumonitis	Strong	Low
	Paregoric	Gasping syndrome, seizures, central nervous system depression, hypoglycemia	Strong	High
	Plecanatide (Trulance)	Death from dehydration	Weak	Very low
	Propofol (Diprivan; avoid more than 4 mg per kg per hour for > 48 hours)	Infusion syndrome	Strong	Moderate
	Sodium phosphate enema	Acute kidney injury, arrhythmia, death	Strong	High
	Topical corticosteroids (medium potency and stronger for diaper dermatitis)	Adrenal suppression	Strong	Low
	Valproic acid	Pancreatitis, fatal hepatotoxicity	Strong	High
	Verapamil	Asystole	Weak	Low
	<b>Caution</b>			
Neonates	Atazanavir (Reyataz)	Kernicterus	Weak	Very low
	Ceftriaxone	Kernicterus	Weak	Very low
	Chlorhexidine (Peridex; if very low birth weight)	Chemical burn	Strong	Low
	Dicloxacillin	Kernicterus	Weak	Very low
All Infants	Camphor	Seizures	Weak	Low
	Daptomycin (Cubicin)	Neuromuscular and skeletal adverse effects	Weak	Very low
	Difluprednate (Durezol)	Increased ocular pressure	Weak	Low
	Meperidine	Respiratory depression	Strong	High
	Opium tincture	Respiratory depression	Strong	High
	Salicylates (if suspicion of viral illness)	Reye syndrome	Weak	Very low
	Tetracyclines	Affects bone development in premature neonates, enamel hypoplasia	Strong	Moderate
	Tramadol	Respiratory depression	Weak	Low

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\*—Specific dopamine antagonists include chlorpromazine, fluphenazine, haloperidol, metoclopramide (Reglan), perphenazine, pimozide, prochlorperazine, promethazine, trifluoperazine, and trimethobenzamide (Tigan).

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