



Contact Details

Name: Consultant Dr. med. Allan Meldgaard Lund
Email: allan.meldgaard.lund@rh.regionh.dk

Hospital Klinisk Genetisk Afdeling,
Juliane Marie Centret 4062, Rigshospitalet
Blegdamsvej 9, 2100 Copenhagen, Denmark

Telephone: During daytime: +45 35 45 3887 or +45 35 45 1303
Outside of regular working hours: +4535451358 (paediatrician on call). +45 35 45 1350 (paediatric consultant). Will contact specialist

Printed on: 18 November 2010

- _____ dob _____
- has **CARNITINE TRANSPORTER DEFICIENCY**
- **Please read carefully. ASSESSMENT AND TREATMENT ARE URGENT.** Treatment should be meticulous as there is a high risk of serious complications.
- The major complications are cardiomyopathy, muscle weakness and encephalopathy.
- **Start this treatment** if the patient is obviously unwell, vomiting, floppy or drowsy. Do not delay if you are uncertain.
- **Give Glucose 200 mg/kg at once** (2 ml/kg of 10% glucose or 1ml/kg of 20% glucose) over a few minutes.
- **Give normal saline 10 ml/kg** unless the peripheral circulation is poor or the patient is frankly shocked, then give 20 ml/kg normal saline as a bolus immediately after the glucose. Repeat the saline bolus if the poor circulation persists as for a shocked non-metabolic patient.
- At the same time give carnitine intravenously 100 mg/kg over 30 minutes
- **Continue with glucose 10%** at 5 ml/kg/h until next solution, is ready - glucose 10% / saline 0.45%. (For instructions to make this solution [click here](#))
- If there is any doubt at all, the child must be admitted, even if only necessary for a short period of observation.
- *This protocol is for the immediate management only.*

More information can be found on BIMDG Emergency protocol for carnitine transporter deficiency.

<http://www.bimdg.org.uk/protocols/ER-CTD-Lv1-2-128698-29-03-2008.pdf>

www.BIMDG.org.uk/protocols