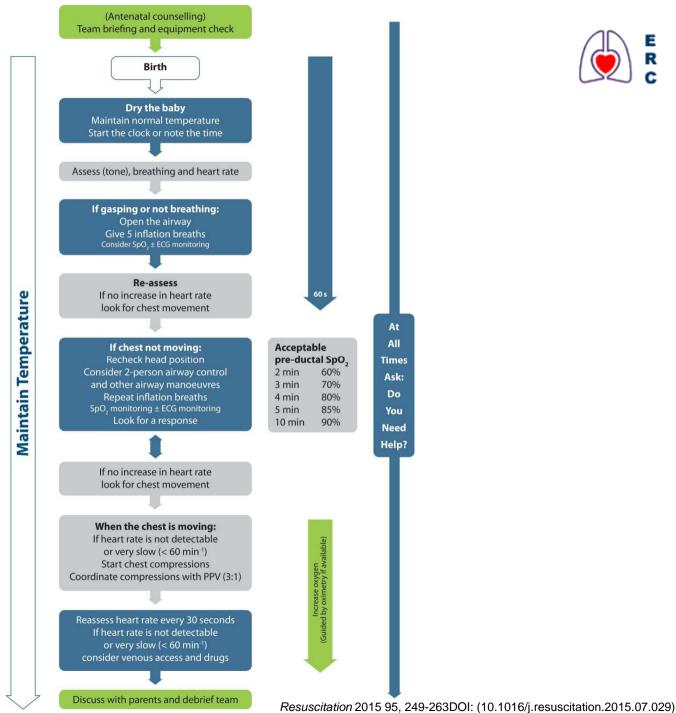
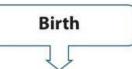
## 2015 / BIRTH











## Dry the baby

Maintain normal temperature Start the clock or note the time



Assess (tone), breathing and heart rate

## If gasping or not breathing:

Open the airway Give 5 inflation breaths Consider SpO<sub>2</sub> ± ECG monitoring



### Re-assess

If no increase in heart rate look for chest movement

### If chest not moving:

Recheck head position

Consider 2-person airway control and other airway manoeuvres

Repeat inflation breaths

SpO<sub>2</sub> monitoring ± ECG monitoring

Look for a response



If no increase in heart rate look for chest movement

## When the chest is moving:

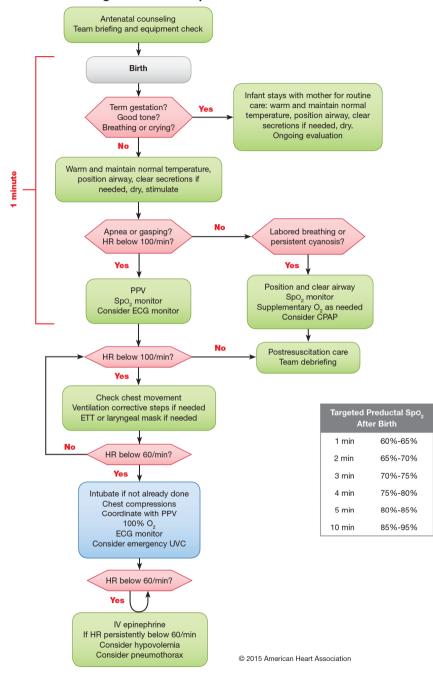
If heart rate is not detectable or very slow (< 60 min<sup>-1</sup>) Start chest compressions Coordinate compressions with PPV (3:1)

Reassess heart rate every 30 seconds
If heart rate is not detectable
or very slow (< 60 min<sup>-1</sup>)
consider venous access and drugs

### Neonatal Resuscitation Algorithm - 2015 Update

## 2015 / BIRTH

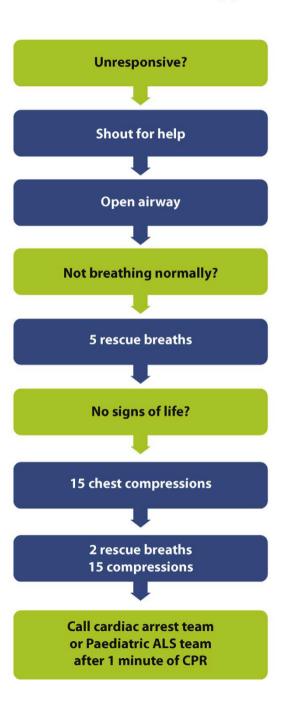




2015

## Paediatric basic life support

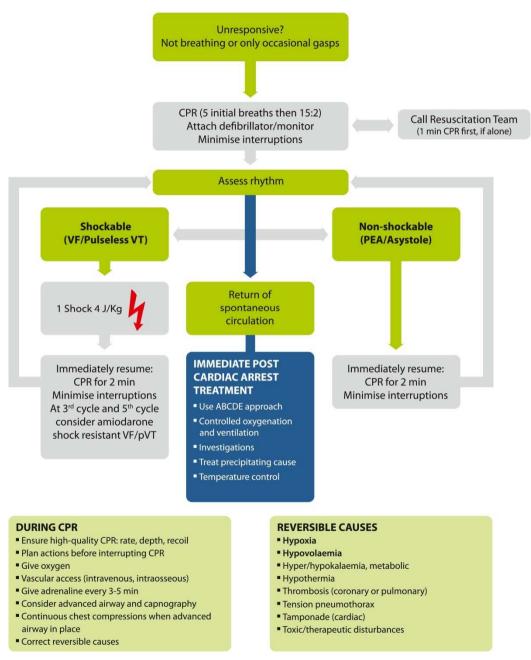




### **Paediatric Advanced Life Support**

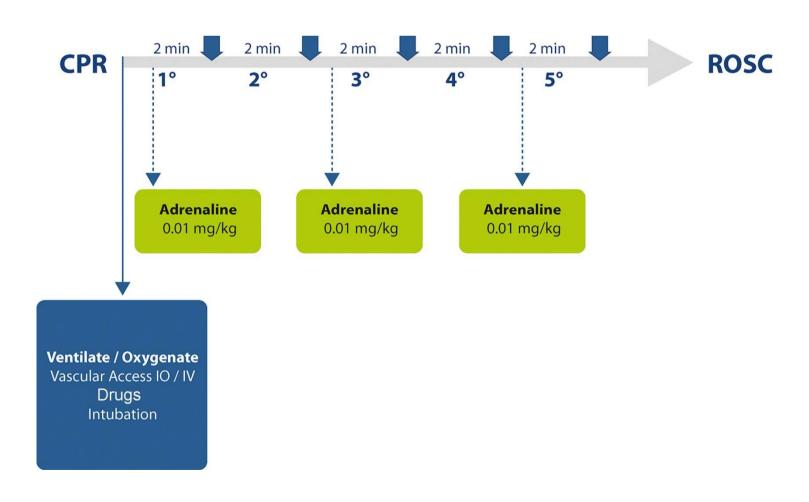
2015





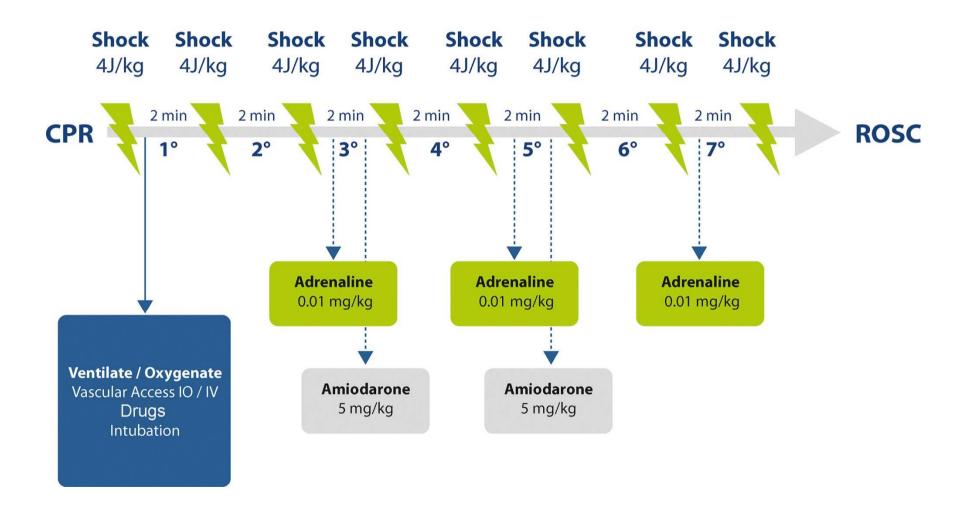


## **CARDIAC ARREST: NON SHOCKABLE RHYTHM**





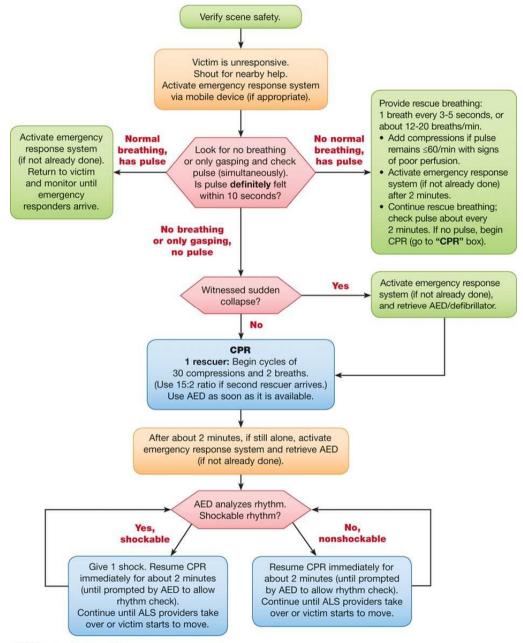
## **CARDIAC ARREST – SHOCKABLE RHYTHM**



## BLS Healthcare Provider Pediatric Cardiac Arrest Algorithm for the Single Rescuer—2015 Update

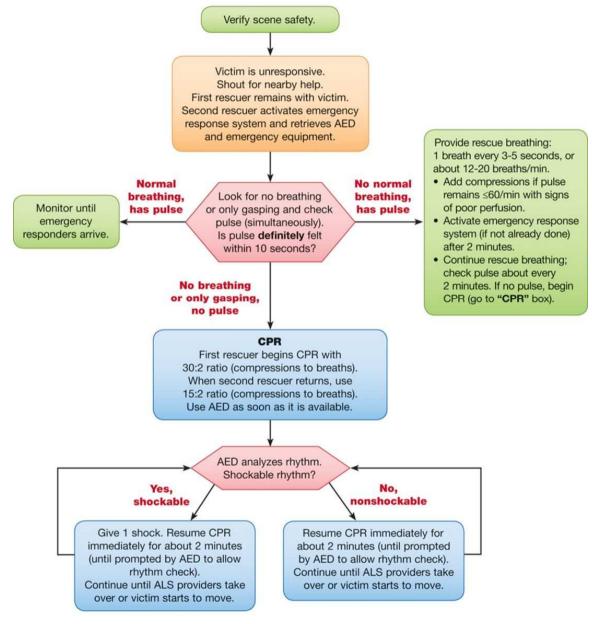




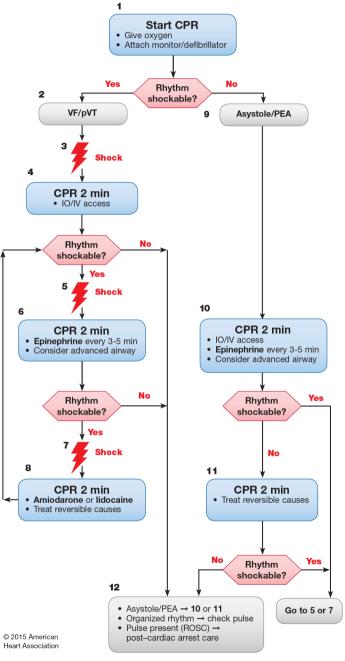


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#### **CPR Quality**

- Push hard (≥¹⅓ of anteroposterior diameter of chest) and fast (100-120/min) and allow complete chest recoil.
- Minimize interruptions in compressions.
- Avoid excessive ventilation.
- Rotate compressor every 2 minutes, or sooner if fatigued.
- If no advanced airway, 15:2 compression-ventilation ratio.

#### Shock Energy for Defibrillation

First shock 2 J/kg, second shock 4 J/kg, subsequent shocks ≥4 J/kg, maximum 10 J/kg or adult dose

#### **Drug Therapy**

- Epinephrine IO/IV dose: 0.01 mg/kg (0.1 mL/kg of 1:10 000 concentration). Repeat every 3-5 minutes. If no IO/IV access, may give endotracheal dose: 0.1 mg/kg (0.1 mL/kg of 1:1000 concentration).
- Amiodarone IO/IV dose:
   5 mg/kg bolus during cardiac arrest. May repeat up to 2 times for refractory VF/pulseless VT.
   Lidocaine IO/IV dose:
- Lidocaine IÓ/IV dose: Initial: 1 mg/kg loading dose. Maintenance: 20-50 mcg/kg per minute infusion (repeat bolus dose if infusion initiated >15 minutes after initial bolus therapy).

#### Advanced Airway

- Endotracheal intubation or supraglottic advanced airway
- Waveform capnography or capnometry to confirm and monitor ET tube placement
- Once advanced airway in place, give 1 breath every 6 seconds (10 breaths/min) with continuous chest compressions

#### Return of Spontaneous Circulation (ROSC)

- · Pulse and blood pressure
- Spontaneous arterial pressure waves with intra-arterial monitoring

#### Reversible Causes

- Hypovolemia
- Hypoxia
- Hydrogen ion (acidosis)
- Hypoglycemia
- **H**ypo-/hyperkalemia
- Hypo-/nyperkalemiaHypothermia
- Tension pneumothorax
- Tamponade, cardiacToxins
- Thrombosis, pulmonary
- Thrombosis, coronary



## **CPR** Quality

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2015

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