

Sunderland Paediatric Resuscitation Charts

Get Help.

Start the Clock.

Dry / Keep Warm.

Assess ABCDEs.

Use coloured tape to choose chart colour
Or Calculate:

Age

0-12 month

1 – 5 years

6 - 12 years

Estimated weight

$(0.5 \times \text{Age in months}) + 4$

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

$(3 \times \text{Age}) + 7$

**Additional information
at very back of document**

Calculated Weights

AGE	WEIGHT	APPROX SPARC WEIGHT
Newborn	3.5kg	3.5kg
1 month	4.5kg	5kg
3 months	5.5kg	5kg
6 months	7kg	7.5kg
1 year	10kg	10kg
2	12kg	10kg
3	14kg	15kg
4	16kg	15kg
5	18kg	20kg
6	25kg	25kg
7	28kg	30kg
8	31kg	30kg
9	34kg	35kg
10	37kg	35kg
11	40kg	40kg
12	43kg	45kg

Newborn Life Support

~3.5 Kg

Phone neonatal unit for help!

If preterm, you will also need a neonatal consultant

Make sure the cord is securely clamped.

Dry the baby; Remove wet towels; Cover baby with dry towels
Or put inside roasting bag and put on hat.

Assess **Colour, Tone, Breathing, Heart Rate** every 30 seconds

Healthy baby:

Born blue, but good tone,
Cry within a few seconds of delivery,
Heart rate ~ 120 – 150 /min,
Will become rapidly pink during the first ~90 sec.

BIRTH

Term gestation?
Amniotic fluid clear?
Breathing or crying?
Good muscle tone?

YES

Routine Care:
Provide warmth
Dry
Clear airway if necessary
Assess colour †

NO

**Proceed to advanced
life support (overleaf)**

† Consider supplemental
Oxygen if cyanosis persists

PROBLEM WITH:
Term gestation?
Amniotic fluid clear?
Breathing or crying?
Good muscle tone?

Provide warmth
Position; clear airway if necessary*
Dry, stimulate, reposition

Evaluate breathing, heart rate, colour
†, tone Monitor SpO2

Apnoeic HR < 100/min

Give positive pressure ventilation †*

HR < 60/min

Ensure effective lung inflation †*
then add chest compression

HR < 60/min

Consider:

Adrenaline (1:10,000): **0.35ml (every 4 min)**

Sodium bicarb (4.2%): **2 - 4ml**

Dextrose (10%): **10ml**

N. Saline (0/9%): **35ml** (consider repeating)

*** Tracheal intubation may be considered Monitor SPO2**

† Consider supplemental Oxygen if cyanosis persists

NB: The outcome for a baby with no signs of life after 20 minutes of resuscitation is likely to be very poor. Discontinuation may be justified.

~3.5 Kg

Dry & Wrap up

Face mask
ventilation:

40/min

Head in **Neutral**
Position.

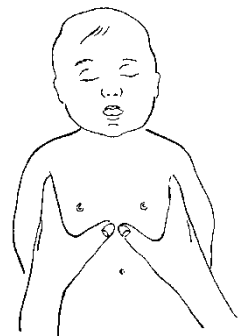
(Chin lift / jaw
thrust)

Initially **5 inflation**
breaths (each
sustained for 2-3
seconds)

Chest
compressions:

Depth: $\frac{1}{3}$ rd chest
Ratio : 3:1

Rate : 120 /min.
Just below nipple
Line



Endotracheal
Tube (ETT):

3.5 mm

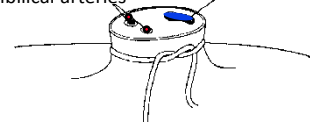
(2.5+3.0

in prems)

DRUGS

iv, io, or uvc:

Umbilical arteries vein



All Need High Flow (100%) OXYGEN

3.5 Kg
BROWN

ACUTE AIRWAY OBSTRUCTION

Senior help needed (Anaesthetic/A&E)

Calm Environment.

Close Observation.

ADRENALINE(1:1000) (Neb) 1.4ml

may repeat every 10 minutes

BUDESONIDE (Neb):2mg

ANAPHYLAXIS

ADRENALINE(1:1000)(IM):0.03ml

consider repeat in 5 min.

If using auto injector syringe use **150mcgs**

HYDROCORTISONE(IV/IO):25mg

CHLORPHENIRAMINE(IV/IO):0.9mg

do not use in neonates

(mix with 10 ml 0.9% .saline, give over 1 min.)

IV Adrenaline 1microgram/Kg may be considered
but **must** be discussed with Senior/Anaesthetics

WARM FLUID CHALLENGE

70 ml

(consider repeat dose)

Give in **35ml** aliquots in TRAUMA/CARDIAC

DUCT-DEPENDANT CONGENITAL HEART DISEASE

Alprostadil (Prostaglandin E2) (IV/IO)

Initial dose **17.5 nanograms (0.017mcg)/min** may
be increased in **17.5 nanogram/min** increments

up to **70 nanogram (0.07mcg) / min**

****Beware May Cause Apnoeas****

SEPTICAEMIA

Significant volume expansion may be required,
(Blood cultures, Bone, CRP, Coag, PCR, Glucose,
Blood Gas)

May need ventilation & Inotropes,

CEFOTAXIME(IV/IO): 175mg

ANALGESIA

MORPHINE(IV/IO):0.3mg

HYPOGLYCAEMIA

10% DEXTROSE(IV/IO):7ml

Followed by an infusion of 0.9% Saline 5% Dextrose
at maintenance volume; adjust dextrose content if
required.

FITS/CONVULSIONS

Check Blood Sugar & Temperature

IV/IO access: **LORAZEPAM(4mg/ml):0.3mg**

Or **DIAZEPAM (PR):1.75mg**

Or **BUCCAL MIDAZOLAM :1.75mg**

Repeat after 10 minutes if no improvement

PHENYTOIN (IV/IO):70mg over 20 minutes

Consider **PHENOBARBITONE (IV/IO)** as an

alternative: **70 mgs** over 20 minutes

Consider **PARALDEHYDE (PR) 1.4ml** mixed with

1.4ml olive oil

**Call for anaesthetic help if still fitting when
phenytoin is commenced**

Senior/ Specialist Supervision Required:

Raised Intracranial Pressure:

20% Mannitol (IV/IO):**9ml** over 30 mins

Or Hypertonic Saline 2.7% (IV/IO):**10ml**

Tricyclic overdose with ECG changes:

8.4% Sodium Bicarbonate (IV/IO):**3.5ml**

SVT rate >220 Following vagal manoeuvres:

Adenosine (3mg/ml) (IV/IO):**0.35mg** then **0.7mg**
then **1mg**

VT with pulse: Amiodarone 17.5mgs over 20mins.

Consider cardioversion if unstable: 4J, 4J, 8J

**Head:
Neutral**

Unresponsive
Not breathing or only
occasional gasps

Call resuscitation team
(1 min CPR first, if alone)

CPR

(5 initial breaths then 15:2)
Attach defibrillator/monitor
Minimise interruptions

Assess rhythm

Shockable
(VF/Pulseless VT)

Non-shockable
(PEA/Asystole)

**1 Shock
20 J**

IV/IO access,
intubate

Immediately resume
CPR for 2 min
Minimise interruptions

**Adrenaline
0.35 ml (1:10,000)
alternate cycles**

Immediately resume
CPR for 2 min
Minimise interruptions

3.5 Kg

brown

CPR

Minimise interruptions

**If pulse absent
or < 60/min (with
poor circulation)**

**Depth: at least
1/3 rd chest**

Rate:

100-120 /min

**1 finger breadth above
xiphisternum**



ET tube size:

Uncuffed 3.5 (± 0.5mm)

Cuffed 3.0 (± 0.5mm)

Monitor ETCO2

When To Stop. The outcome for a child with no signs of life after 30 minutes of non-shockable resuscitation is likely to be very poor. Discontinuation may be justified except in poisoning & extreme hypothermia

Consider **Amiodarone** (300mg/10ml): **0.6 ml** (after 3rd and 5th shock)

Consider **Bicarb** (8.4%): **3.5 ml**

Consider **Fluid challenge: 70 ml**

CORRECT REVERSIBLE CAUSES:

Hypoxia, Hypovolaemia, Hyper /hypokalaemia /metabolic, Hypothermia, Tension pneumothorax, Tamponade, Toxins, Thromboembolism

All Need High Flow (100%) OXYGEN

5 Kg
RED

ACUTE AIRWAY OBSTRUCTION

Senior help needed (Anaesthetics/A&E)
Calm Environment.
Close Observation.

ADRENALINE(1:1000) (Neb) 2ml
may repeat every 10 minutes
BUDESONIDE (Neb):2mg

SEPTICAEMIA

Including ? Meningococcal Sepsis,
Significant volume expansion may be required,
(Blood cultures, Bone, CRP, Coag, PCR, Glucose,
Blood Gas)
May need ventilation & Inotropes,
CEFOTAXIME(IV/IO): 250mg

ANAPHYLAXIS

ADRENALINE(1:1000)(IM):0.05ml
consider repeat in 5 min.

If using auto injector syringe use **150mcgs**

HYDROCORTISONE(IV/IO):25mg
CHLORPHENIRAMINE(IV/IO):1.25mg

do not use in neonates

(mix with 10 ml 0.9% .saline, give over 1 min.)

IV Adrenaline 1microgram/Kg may be considered
but **must** be discussed with Senior/Anaesthetics

ANALGESIA

MORPHINE(IV/IO):0.5mg

HYPOGLYCAEMIA

10% DEXTROSE(IV/IO):10ml

Followed by an infusion of 0.9% Saline 5% Dextrose
at maintenance volume; adjust dextrose content if
required.

FITS/CONVULSIONS

Check Blood Sugar & Temperature
IV/IO access: **LORAZEPAM(4mg/ml):0.5mg**

Or **DIAZEPAM (PR):2.5mg**

Or **BUCCAL MIDAZOLAM:2.5mg**

Repeat after 10 minutes if no improvement
PHENYTOIN (IV/IO):100mg over 20 minutes
Consider **PARALDEHYDE (PR) 2ml** mixed with
2ml olive oil

**Call for anaesthetic help if still fitting when
phenytoin is commenced**

WARM FLUID CHALLENGE

100 ml

(consider repeat dose)

Give in **50ml** aliquots in TRAUMA/CARDIAC

DUCT-DEPENDANT CONGENITAL HEART DISEASE

Alprostadil (Prostaglandin E2) (IV/IO)

Initial dose **25 nanograms (0.025mcg)/min** may
be increased in **25 nanogram/min** increments
up to **100 nanogram (0.1mcg) /min**

****Beware May Cause Apnoeas****

Senior/ Specialist Supervision Required:

Raised Intracranial Pressure:

20% Mannitol (IV/IO):12.5ml over 30 mins

Or Hypertonic Saline 2.7% (IV/IO):**15ml**

Tricyclic overdose with ECG changes:

8.4% Sodium Bicarbonate (IV/IO):5ml

SVT rate >220 Following vagal manoeuvres:
Adenosine (3mg/ml) (IV/IO):0.5mg then **1mg** then
1.5mg

VT with pulse: Amiodarone 25mgs over 20mins.
Consider cardioversion if unstable: 5J, 5J, 10J

**Head:
Neutral**

Unresponsive
Not breathing or only
occasional gasps

Call resuscitation team
(1 min CPR first, if alone)

CPR

(5 initial breaths then 15:2)
Attach defibrillator/monitor
Minimise interruptions

Assess rhythm

Shockable
(VF/Pulseless VT)

**1 Shock
20 J**

Immediately resume
CPR for 2 min
Minimise interruptions

IV/IO access,
intubate

**Adrenaline
0.5 ml (1:10,000)
alternate cycles**

Non-shockable
(PEA/Asystole)

Immediately resume
CPR for 2 min
Minimise interruptions

5 Kg

RED

CPR

Minimise interruptions

**If pulse absent
or < 60/min** (with
poor circulation)

**Depth: at least
1/3 rd chest**

Rate:

100-120 /min

**1 finger breadth above
xiphisternum**



ET tube size:

Uncuffed 3.5 (± 0.5mm)

Cuffed 3.0 (± 0.5mm)

Monitor ETCO2

When To Stop. The outcome
for a child with no signs of life
after 30 minutes of non-
shockable resuscitation is
likely to be very poor.
Discontinuation may be
justified except in poisoning &
extreme hypothermia

Consider **Amiodarone** (300mg/10ml): **0.8 ml** (after 3rd and 5th shock)

Consider **Bicarb** (8.4%): **5 ml**

Consider **Fluid challenge: 100 ml**

CORRECT REVERSIBLE CAUSES:

Hypoxia, Hypovolaemia, Hyper/hypokalaemia /metabolic, Hypothermia,
Tension pneumothorax, Tamponade, Toxins, Thromboembolism

All Need High Flow (100%) OXYGEN

7.5 Kg

BLACK

ACUTE AIRWAY OBSTRUCTION

Senior help needed (Anaesthetics/A&E)

Calm Environment.

Close Observation.

ADRENALINE(1:1000) (Neb):**3ml**

may repeat every 10 minutes

BUDESONIDE (Neb):**2mg**

SEPTICAEMIA

Including ? Meningococcal Sepsis,
Significant volume expansion may be required,
(Blood cultures, Bone, CRP, Coag, PCR,
Glucose, Blood Gas)

May need ventilation & Inotropes,

CEFOTAXIME(IV/IO):375mg

ANALGESIA

MORPHINE(IV/IO):0.75 mg

WHEEZE

SALBUTAMOL (Neb):2.5mg

IPRATROPIUM (Neb):125mcg

PREDNISOLONE (Oral):15mg

HYDROCORTISONE (IV/IO):30mg

AMINOPHYLLINE(IV/IO):38mg

(over 20 minutes as a loading dose)

SALBUTAMOL (IV/IO):37.5mcg

over 10 mins loading dose

MAGNESIUM (IV/IO):300mg

over 20 minutes

May need ventilation,

If life threatening contact Anaesthetist

HYPOGLYCAEMIA

10% DEXTROSE(IV/IO):15ml

Followed by an infusion of 0.9% Saline 5% Dextrose
at maintenance volume; adjust dextrose content if
required.

FITS/CONVULSIONS

Check Blood Sugar & Temperature

IV/IO access: **LORAZEPAM(4mg/ml):0.75mg**

Or **DIAZEPAM (PR):3.75mg**

Or **BUCCAL MIDAZOLAM:3.75mg**

Repeat after 10 minutes if no improvement

PHENYTOIN (IV/IO):150mg over 20 minutes

Consider **PARALDEHYDE (PR) 3ml** mixed with
3ml olive oil

**Call for anaesthetic help if still fitting when
phenytoin is commenced**

ANAPHYLAXIS

ADRENALINE(1:1000)(IM):0.075 ml

consider repeat in 5 min.

using auto injector syringe use **150mcgs**

HYDROCORTISONE(IV/IO):25mg

CHLORPHENIRAMINE(IV/IO):2.5mg

(mix with 10 ml 0.9% saline,give over 1 min.)

IV Adrenaline 1microgram/Kg may be considered
but **must** be discussed with Senior/Anaesthetics

Senior/ Specialist Supervision Required:

Raised Intracranial Pressure:

20% Mannitol (IV/IO):**19ml** over 30 mins

Or Hypertonic Saline 2.7% (IV/IO):**22.5ml**

Tricyclic overdose with ECG changes:

8.4% Sodium Bicarbonate (IV/IO):**7.5ml**

SVT rate >220 Following vagal manoeuvres:

Adenosine (3mg/ml) (IV/IO):**0.75mg** then **1.5mg** then
2.25mg

VT with pulse: Amiodarone 37.5mg over 20mins.

Consider cardioversion if unstable: 8J, 8J, 16J

WARM FLUID CHALLENGE

150 ml

(consider repeat dose)

Give in **75ml** aliquots in TRAUMA/CARDIAC

**Head:
Neutral**

Unresponsive
Not breathing or only
occasional gasps

Call resuscitation team
(1 min CPR first, if alone)

CPR

(5 initial breaths then 15:2)
Attach defibrillator/monitor
Minimise interruptions

Assess rhythm

Shockable
(VF/Pulseless VT)

**1 Shock
30 J**

Immediately resume
CPR for 2 min
Minimise interruptions

IV/IO access,
intubate

**Adrenaline
0.75 ml (1:10,000)
alternate cycles**

Non-shockable
(PEA/Asystole)

Immediately resume
CPR for 2 min
Minimise interruptions

7.5 Kg

BLACK

CPR

Minimise interruptions

**If pulse absent
or < 60/min (with poor
circulation)**

**Depth: at least $\frac{1}{3}$ rd
chest**

**Rate: 100 -120/min
1 finger breadth above
xiphisternum**



ET tube size:

Uncuffed 4.0 (± 0.5 mm)

Cuffed 3.5 (± 0.5 mm)

Monitor ETCO₂

When To Stop. The outcome for a child with no signs of life after 30 minutes of non-shockable resuscitation is likely to be very poor. Discontinuation may be justified except in poisoning & extreme hypothermia

Consider Amiodarone (300mg/10ml): 1.2 ml (after 3rd and 5th shock)

Consider Bicarb (8.4%): 7.5 ml

Consider Fluid challenge: 150 ml

CORRECT REVERSIBLE CAUSES:

Hypoxia, Hypovolaemia, Hyper/hypokalaemia /metabolic, Hypothermia, Tension pneumothorax, Tamponade, Toxins, Thromboembolism

All Need High Flow (100%) OXYGEN

10 Kg
PURPLE

ACUTE AIRWAY OBSTRUCTION

Senior help needed (Anaesthetic/A&E)

Calm Environment.

Close Observation.

ADRENALINE(1:1000) (Neb):4ml

may repeat every 10 minutes

BUDESONIDE (Neb):2mg

WHEEZE

SALBUTAMOL (Neb):2.5mg

IPRATROPIUM (Neb):125mcg

PREDNISOLONE (Oral):20mg

HYDROCORTISONE (IV/IO):40mg

AMINOPHYLLINE(IV/IO):50mg

(over 20 minutes as a loading dose)

SALBUTAMOL (IV/IO): 50mcg

over 10 mins loading dose

MAGNESIUM (IV/IO):400mg

over 20 minutes

May need ventilation,

If life threatening contact Anaesthetist

ANAPHYLAXIS

ADRENALINE(1:1000)(im):0.1ml

consider repeat in 5 min.

If using auto injector syringe use **150mcgs**

HYDROCORTISONE(iv/io):50mg

CHLORPHENIRAMINE(iv/io):2.5mg

(mix with 10 ml 0.9% saline, give over 1 min.)

IV Adrenaline 1microgram/Kg may be considered

but **must** be discussed with Senior/Anaesthetics

WARM FLUID CHALLENGE

200 ml

(consider repeat dose)

Give in **100ml** aliquots in TRAUMA/CARDIAC

SEPTICAEMIA

Including ? Meningococcal Sepsis,
Significant volume expansion required,
(Blood cultures, Bone, CRP, Coag, PCR,
Glucose, Blood Gas)

May need ventilation & Inotropes,

CEFOTAXIME(IV/IO):500mg

ANALGESIA

MORPHINE(IV/IO):1mg

HYPOGLYCAEMIA

10% DEXTROSE(IV/IO):20ml

Followed by an infusion of 0.9% Saline 5% Dextrose
at maintenance volume; adjust dextrose content if
required.

FITS/CONVULSIONS

Check Blood Sugar & Temperature

IV/IO access: **LORAZEPAM(4mg/ml):1mg**

Or **DIAZEPAM (PR):5mg**

Or **BUCCAL MIDAZOLAM:5mg**

Repeat after 10 minutes if no improvement

PHENYTOIN (IV/IO):200mg over 20 minutes

Consider **PARALDEHYDE (PR) 4ml** mixed with
4ml olive oil

**Call for anaesthetic help if still fitting when
phenytoin is commenced**

Senior/ Specialist Supervision Required:

Raised Intracranial Pressure:

20% Mannitol (IV/IO):25ml over 30 mins

Or Hypertonic Saline 2.7% (IV/IO): **30ml**

Tricyclic overdose with ECG changes:

8.4% Sodium Bicarbonate (IV/IO):10ml

SVT rate >220 Following vagal manoeuvres:

Adenosine (3mg/ml) (IV/IO): 1mg then **2mg** then
3mg

VT with pulse: Amiodarone 50mgs over 20mins.

Consider cardioversion if unstable: 10J, 20J, 20J

**Head:
Sniffing**

Unresponsive
Not breathing or only
occasional gasps

Call resuscitation team
(1 min CPR first, if alone)

CPR

(5 initial breaths then 15:2)
Attach defibrillator/monitor
Minimise interruptions

Assess rhythm

Shockable
(VF/Pulseless VT)

**1 Shock
40 J**

Immediately resume
CPR for 2 min
Minimise interruptions

IV/IO access,
intubate

**Adrenaline
1 ml (1:10,000)
alternate cycles**

Non-shockable
(PEA/Asystole)

Immediately resume
CPR for 2 min
Minimise interruptions

10 Kg

PURPLE

CPR

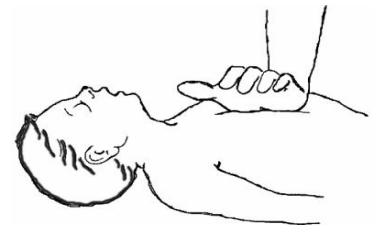
Minimise interruptions

**If pulse absent
or < 60/min** (with
poor circulation)

**Depth: at least 1/3 rd
chest**

Rate: 100-120/min

**1 finger breadth above
xiphisternum**



ET tube size:

Uncuffed 4.0 (± 0.5 mm)

Cuffed 3.5 (± 0.5 mm)

Monitor ETCO2

When To Stop. The outcome for a child with no signs of life after 30 minutes of non-shockable resuscitation is likely to be very poor. Discontinuation may be justified except in poisoning & extreme hypothermia

Consider **Amiodarone** (300mg/10ml): **1.6 ml** (after 3rd and 5th shock)

Consider **Bicarb** (8.4%): **10 ml**

Consider **Fluid challenge: 200 ml**

CORRECT REVERSIBLE CAUSES:

Hypoxia, Hypovolaemia, Hyper/hypokalaemia /metabolic, Hypothermia, Tension pneumothorax, Tamponade, Toxins, Thromboembolism

All Need High Flow (100%) OXYGEN

15 Kg
YELLOW

ACUTE AIRWAY OBSTRUCTION

Senior help needed (Anaesthetics/A&E)

Calm Environment.

Close Observation.

ADRENALINE(1:1000) (Neb):5ml

may repeat every 10 minutes

BUDESONIDE (Neb):2mg

WHEEZE

SALBUTAMOL (Neb):2.5mg

IPRATROPIUM (Neb):250mcg

PREDNISOLONE (Oral):30mg

HYDROCORTISONE (IV/IO):60mg

AMINOPHYLLINE(IV/IO):75mg

(over 20 minutes as a loading dose)

SALBUTAMOL (IV/IO):225mcg

over 10 mins loading dose

MAGNESIUM (IV/IO):600mg

over 20 minutes

May need ventilation,

If life threatening contact Anaesthetist

ANAPHYLAXIS

ADRENALINE(1:1000)(IM):0.15ml

consider repeat in 5 min.

If using auto injector syringe use **150mcgs**

HYDROCORTISONE(IV/IO):50mg

CHLORPHENIRAMINE(IV/IO):2.5mg

(mix with 10 ml 0.9% saline, give over 1 min.)

IV Adrenaline 1microgram/Kg may be considered
but **must** be discussed with Senior/Anaesthetics

WARM FLUID CHALLENGE

300 ml

(consider repeat dose)

Give in **150ml** aliquots in TRAUMA/CARDIAC

SEPTICAEMIA

Including ? Meningococcal Sepsis,
Significant volume expansion required,
(Blood cultures, Bone, CRP, Coag, PCR,
Glucose, Blood Gas)

May need ventilation & Inotropes,

CEFOTAXIME(IV/IO):750mg

ANALGESIA

MORPHINE(IV/IO):1.5mg

HYPOGLYCAEMIA

10% DEXTROSE(IV/IO):30ml

Followed by an infusion of 0.9% Saline 5% Dextrose
at maintenance volume; adjust dextrose content if
required.

FITS/CONVULSIONS

Check Blood Sugar & Temperature

IV/IO access: **LORAZEPAM(4mg/ml):1.5mg**

Or **DIAZEPAM (PR):7.5mg**

Or **BUCCAL MIDAZOLAM:7.5mg**

Repeat after 10 minutes if no improvement
PHENYTOIN (IV/IO): 300mg over 20 minutes
Consider **PARALDEHYDE (PR) 6ml** mixed with
6ml olive oil

**Call for anaesthetic help if still fitting when
phenytoin is commenced**

Senior/ Specialist Supervision Required:

Raised Intracranial Pressure:

20% Mannitol (IV/IO):38ml over 30 mins

Or Hypertonic Saline 2.7% (IV/IO):**45ml**

Tricyclic overdose with ECG changes:

8.4% Sodium Bicarbonate (IV/IO):15ml

SVT rate >220 Following vagal manoeuvres:
Adenosine (3mg/ml) (IV/IO):1.5mg then **3mg** then
4.5mg

VT with pulse: Amiodarone 75mgs over 20mins.
Consider cardioversion if unstable: 15J, 15J, 30J

**Head:
Sniffing**

Unresponsive
Not breathing or only
occasional gasps

Call resuscitation team
(1 min CPR first, if alone)

CPR

(5 initial breaths then 15:2)
Attach defibrillator/monitor
Minimise interruptions

Assess rhythm

Shockable
(VF/Pulseless VT)

**1 Shock
60 J**

Immediately resume
CPR for 2 min
Minimise interruptions

IV/IO access,
intubate

**Adrenaline
1.5 ml (1:10,000)
alternate cycles**

Non-shockable
(PEA/Asystole)

Immediately resume
CPR for 2 min
Minimise interruptions

15 Kg

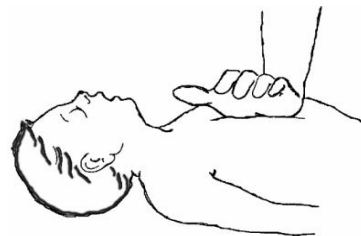
YELLOW

CPR

**Minimise
interruptions**

**If pulse absent
or < 60/min (with
poor circulation)
Depth: at least $\frac{1}{3}$ rd
chest**

**Rate: 100-120/min
1 finger breadth
above xiphisternum**



ET tube size:

Uncuffed 4.5 (± 0.5 mm)

Cuffed 4.0 (± 0.5 mm)

Monitor ETCO2

When To Stop. The outcome for a child with no signs of life after 30 minutes of non-shockable resuscitation is likely to be very poor. Discontinuation may be justified except in poisoning & extreme hypothermia

Consider **Amiodarone** (300mg/10ml): **2.5 ml** (after 3rd and 5th shock)

Consider **Bicarb** (8.4%): **15 ml**

Consider **Fluid challenge: 300 ml**

CORRECT REVERSIBLE CAUSES:

Hypoxia, Hypovolaemia, Hyper/hypokalaemia /metabolic, Hypothermia, Tension pneumothorax, Tamponade, Toxins, Thromboembolism

All Need High Flow (100%) OXYGEN

20 Kg

WHITE

ACUTE AIRWAY OBSTRUCTION

Senior help needed (Anaesthetics/A&E)

Calm Environment.

Close Observation.

ADRENALINE(1:1000) (Neb):5ml

may repeat every 10 minutes

BUDESONIDE (Neb):2mg

WHEEZE

SALBUTAMOL (Neb):5mg

IPRATROPIUM (Neb):250mcg

PREDNISOLONE (Oral):40mg

HYDROCORTISONE (IV/IO):80mg

AMINOPHYLLINE(IV/IO):100mg

(over 20 minutes as a loading dose)

SALBUTAMOL (IV/IO):250mcg

over 10 mins loading dose

MAGNESIUM (IV/IO):800mg

over 20 minutes

May need ventilation,

If life threatening contact Anaesthetist

ANAPHYLAXIS

ADRENALINE(1:1000)(IM):0.2ml

consider repeat in 5 min.

If using auto injector syringe use **150mcgs**

HYDROCORTISONE(iv/io):50mg

CHLORPHENIRAMINE(iv/io):2.5mg

(mix with 10 ml 0.9% saline, give over 1 min.)

IV Adrenaline 1microgram/Kg may be considered
but **must** be discussed with Senior/Anaesthetics

WARM FLUID CHALLENGE

400 ml

(consider repeat dose)

Give in **200ml** aliquots in TRAUMA/CARDIAC

SEPTICAEMIA

Including ? Meningococcal Sepsis,
Significant volume expansion required,
(Blood cultures, Bone, CRP, Coag, PCR,
Glucose, Blood Gas)

May need ventilation & Inotropes,

CEFOTAXIME(IV/IO):1g

ANALGESIA

MORPHINE(IV/IO):2mg

HYPOGLYCAEMIA

10% DEXTROSE(IV/IO):40ml

Followed by an infusion of 0.9% Saline 5% Dextrose
at maintenance volume; adjust dextrose content if
required.

FITS/CONVULSIONS

Check Blood Sugar & Temperature

IV/IO access: **LORAZEPAM(4mg/ml):2mg**

Or **DIAZEPAM (PR):10mg**

Or **BUCCAL MIDAZOLAM:10mg**

Repeat after 10 minutes if no improvement

PHENYTOIN (IV/IO):400mg over 20 minutes

Consider **PARALDEHYDE (PR) 8ml** mixed with
8ml olive oil

**Call for anaesthetic help if still fitting when
phenytoin is commenced**

Senior/ Specialist Supervision Required:

Raised Intracranial Pressure:

20% Mannitol (IV/IO):**50ml** over 30 mins

Or Hypertonic Saline 2.7% (IV/IO):**60ml**

Tricyclic overdose with ECG changes:

8.4% Sodium Bicarbonate (IV/IO):**20ml**

SVT rate >220 Following vagal manoeuvres:

Adenosine (3mg/ml) (IV/IO): **2mg** then **4mg** then
6mg

VT with pulse: Amiodarone 100mgs over 20mins.

Consider cardioversion if unstable: 20J, 40J, 0J

**Head:
Sniffing**

Unresponsive
Not breathing or only
occasional gasps

Call resuscitation team
(1 min CPR first, if alone)

CPR

(5 initial breaths then 15:2)
Attach defibrillator/monitor
Minimise interruptions

Assess rhythm

**Shockable
(VF/Pulseless VT)**

**1 Shock
80 J**

Immediately resume
CPR for 2 min
Minimise interruptions

IV/IO access,
intubate

**Adrenaline
2 ml (1:10,000)
alternate cycles**

**Non-shockable
(PEA/Asystole)**

Immediately resume
CPR for 2 min
Minimise interruptions

20 Kg

WHITE

CPR

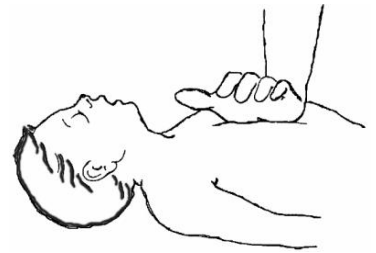
**Minimise
interruptions**

**If pulse absent
or < 60/min (with
poor circulation)**

**Depth: at least $\frac{1}{3}$ rd
chest**

Rate: 100-120 /min

**1 finger breadth above
xiphisternum**



ET tube size:

Uncuffed 5.5 (± 0.5 mm)

Cuffed 5.0 (± 0.5 mm)

Monitor ETCO2

When To Stop. The outcome for a child with no signs of life after 30 minutes of non-shockable resuscitation is likely to be very poor. Discontinuation may be justified except in poisoning & extreme hypothermia

Consider **Amiodarone** (300mg/10ml): **3.3 ml** (after 3rd and 5th shock)

Consider **Bicarb** (8.4%): **20 ml**

Consider **Fluid challenge: 400 ml**

CORRECT REVERSIBLE CAUSES:

Hypoxia, Hypovolaemia, Hyper/hypokalaemia /metabolic, Hypothermia, Tension pneumothorax, Tamponade, Toxins, Thromboembolism

All Need High Flow (100%) OXYGEN

25 Kg
BLUE

ACUTE AIRWAY OBSTRUCTION

Senior help needed (Anaesthetics/A&E)

Calm Environment.

Close Observation.

ADRENALINE(1:1000) (Neb):5ml

may repeat every 10 minutes

BUDESONIDE (Neb):2mg

SEPTICAEMIA

Including ? Meningococcal Sepsis,
Significant volume expansion required,
(Blood cultures, Bone, CRP, Coag, PCR,
Glucose, Blood Gas)

May need ventilation & Inotropes,

CEFOTAXIME(IV/IO):1.25g

ANALGESIA

MORPHINE(IV/IO):2.5mg

WHEEZE

SALBUTAMOL (Neb):5mg

IPRATROPIUM (Neb):250mcg

PREDNISOLONE (Oral):40mg

HYDROCORTISONE (IV/IO): 100mg

AMINOPHYLLINE(IV/IO):125mg

(over 20 minutes as a loading dose)

SALBUTAMOL (IV/IO): 250mcg

over 10 mins loading dose

MAGNESIUM (IV/IO):1g

over 20 minutes

May need ventilation,

If life threatening contact Anaesthetist

HYPOGLYCAEMIA

10% DEXTROSE(IV/IO):50ml

Followed by an infusion of 0.9% Saline 5% Dextrose
at maintenance volume; adjust dextrose content if
required.

FITS/CONVULSIONS

Check Blood Sugar & Temperature

IV/IO access: **LORAZEPAM(4mg/ml):2.5mg**

Or **DIAZEPAM (PR):10mg**

Or **BUCCAL MIDAZOLAM :10mg**

Repeat after 10 minutes if no improvement

PHENYTOIN (IV/IO):500mg over 20 minutes

Consider **PARALDEHYDE (PR) 10ml** mixed with
10ml olive oil

**Call for anaesthetic help if still fitting when
phenytoin is commenced**

ANAPHYLAXIS

ADRENALINE(1:1000)(IM):0.25ml

consider repeat in 5 min.

If using auto injector syringe use **300mcgs**

HYDROCORTISONE(IV/IO):100mg

CHLORPHENIRAMINE(IV/IO):5mg

(mix with 10 ml 0.9% saline, give over 1 min.)

IV Adrenaline 1microgram/Kg may be considered
but **must** be discussed with Senior/Anaesthetics

Senior/ Specialist Supervision Required:

Raised Intracranial Pressure:

20% Mannitol (IV/IO):**62ml** over 30 mins

Or Hypertonic Saline 2.7% (IV/IO):**75ml**

Tricyclic overdose with ECG changes:

8.4% Sodium Bicarbonate (IV/IO):**25ml**

SVT rate >220 Following vagal manoeuvres:

Adenosine (3mg/ml) (IV/IO): **2.5mg** then **5mg** then
7.5mg

VT with pulse: Amiodarone 125mgs over 20mins.

Consider cardioversion if unstable: 25J, 25J, 50J

WARM FLUID CHALLENGE

500 ml

(consider repeat dose)

Give in **250ml** aliquots in TRAUMA/CARDIAC

**Head:
Sniffing**

Unresponsive
Not breathing or only
occasional gasps

Call resuscitation team
(1 min CPR first, if alone)

CPR

(5 initial breaths then 15:2)
Attach defibrillator/monitor
Minimise interruptions

Assess rhythm

Shockable
(VF/Pulseless VT)

**1 Shock
100 J**

Immediately resume
CPR for 2 min
Minimise interruptions

IV/IO access,
intubate

**Adrenaline
2.5 ml (1:10,000)
alternate cycles**

Non-shockable
(PEA/Asystole)

Immediately resume
CPR for 2 min
Minimise interruptions

25 Kg

BLUE

CPR

**Minimise
interruptions**

**If pulse absent
or < 60/min** (with
poor circulation)

**Depth: at least ⅓ rd
chest**

Rate: 100 -120 /min

**1 finger breadth above
xiphisternum**



ET tube size: __

Uncuffed 6.0 (± 0.5mm)

Cuffed 5.5 (± 0.5mm)

Monitor ETCO2

When To Stop. The outcome
for a child with no signs of life
after 30 minutes of non-
shockable resuscitation is
likely to be very poor.
Discontinuation may be
justified except in poisoning &
extreme hypothermia

Consider **Amiodarone** (300mg/10ml): **4.1 ml** (after 3rd and 5th shock)

Consider **Bicarb** (8.4%): **25 ml**

Consider **Fluid challenge: 500 ml**

CORRECT REVERSIBLE CAUSES:

Hypoxia, Hypovolaemia, Hyper/hypokalaemia /metabolic, Hypothermia,
Tension pneumothorax, Tamponade, Toxins, Thromboembolism

All Need High Flow (100%) OXYGEN

30 Kg
ORANGE

ACUTE AIRWAY OBSTRUCTION

Senior help needed (Anaesthetics/A&E)
Calm Environment.
Close Observation.

ADRENALINE(1:1000) (Neb):5ml
may repeat every 10 minutes
BUDESONIDE (Neb):2mg

WHEEZE

SALBUTAMOL (Neb):5mg
IPRATROPIUM (Neb):250mcg
PREDNISOLONE (Oral):40mg
HYDROCORTISONE (IV/IO):100mg
AMINOPHYLLINE(IV/IO):150mg
(over 20 minutes as a loading dose)

SALBUTAMOL (IV/IO): 250mcg

over 10 mins loading dose

MAGNESIUM (IV/IO):1.2g

over 20 minutes

May need ventilation,

If life threatening contact Anaesthetist

ANAPHYLAXIS

ADRENALINE(1:1000)(IM):0.3ml

in 1 ml syringe with 22 G needle
consider repeat in 5 min.

If using auto injector syringe use **300mcgs**

HYDROCORTISONE(IV/IO):100mg

CHLORPHENIRAMINE(IV/IO):5mg

(mix with 10 ml 0.9% saline, give over 1 min.)

IV Adrenaline 1microgram/Kg may be considered
but **must** be discussed with Senior/Anaesthetics

WARM FLUID CHALLENGE

600ml

Give in **300ml** aliquots in TRAUMA/CARDIAC

SEPTICAEMIA

Including ? Meningococcal Sepsis,
Significant volume expansion required,
(Blood cultures, Bone, CRP, Coag, PCR,
Glucose, Blood Gas)

May need ventilation & Inotropes,
CEFOTAXIME(IV/IO):1.5g

ANALGESIA

MORPHINE(IV/IO):3mg

HYPOGLYCAEMIA

10% DEXTROSE(IV/IO):60ml

Followed by an infusion of 0.9% Saline 5% Dextrose
at maintenance volume; adjust dextrose content if
required.

FITS/CONVULSIONS

Check Blood Sugar & Temperature
IV/IO access: **LORAZEPAM(4mg/ml):3mg**

Or **DIAZEPAM (PR):10mg**

Or **BUCCAL MIDAZOLAM:10mg**

Repeat after 10 minutes if no improvement

PHENYTOIN (IV/IO):600mg over 20 minutes

Consider **PARALDEHYDE (PR) 10ml** mixed with
10ml olive oil

**Call for anaesthetic help if still fitting when
phenytoin is commenced**

Senior/ Specialist Supervision Required:

Raised Intracranial Pressure:

20% Mannitol (IV/IO):**75ml** over 30 mins

Or Hypertonic Saline 2.7% (IV/IO):**90ml**

Tricyclic overdose with ECG changes:

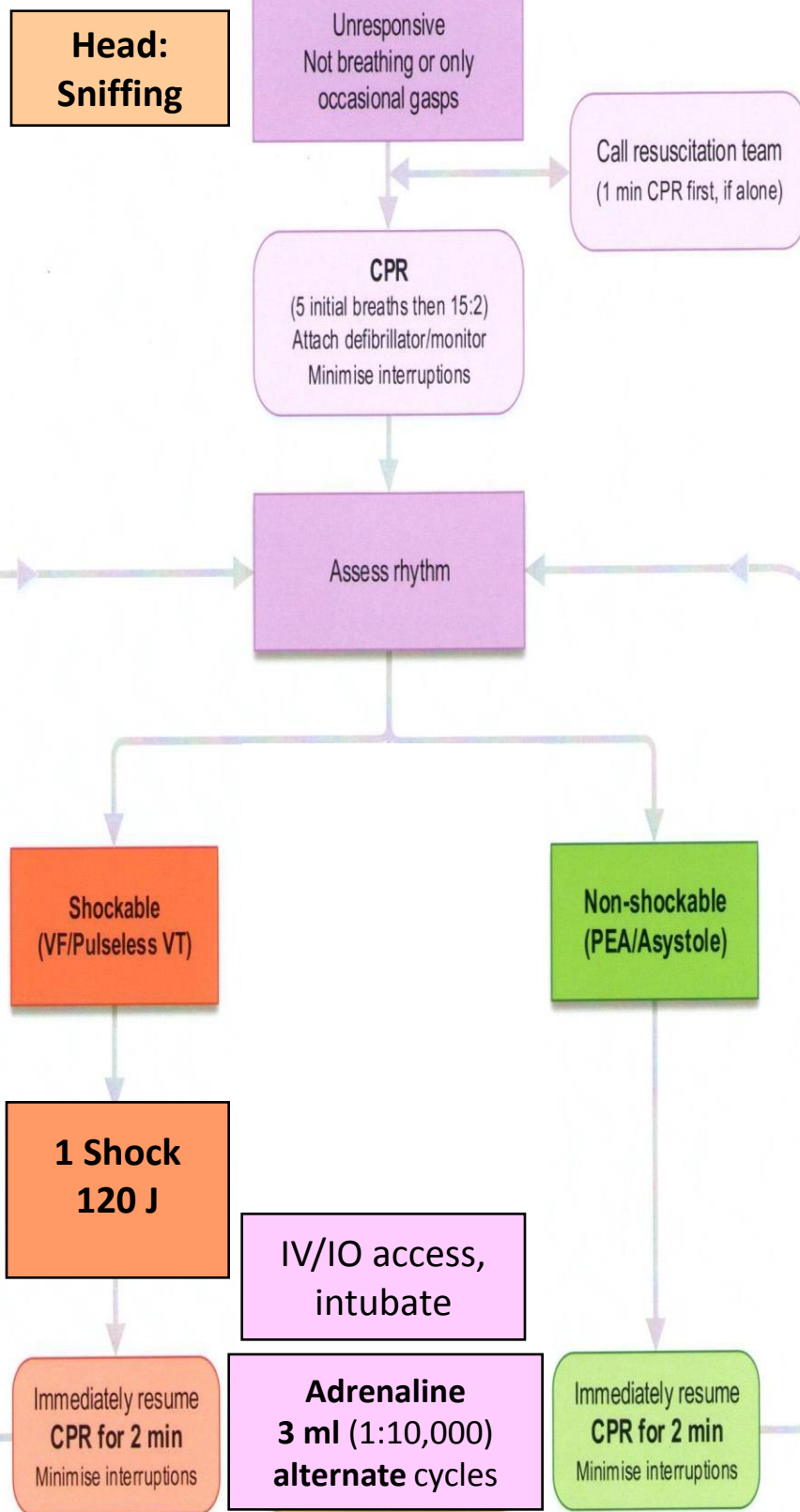
8.4% Sodium Bicarbonate (IV/IO):**30ml**

SVT rate >220 Following vagal manoeuvres:

Adenosine (3mg/ml) (IV/IO): **3mg** then **6mg** then
9mg

VT with pulse: Amiodarone 150mgs over 20mins.

Consider cardioversion if unstable: 30J, 60J, 60J



30 Kg

ORANGE

CPR

Minimise interruptions

If pulse absent or < 60/min (with poor circulation)

Depth: at least $\frac{1}{3}$ rd chest

Rate: **100 -120/min**

1 finger breadth above xiphisternum



ET tube size:

Uncuffed 6.5 (± 0.5 mm)

Cuffed 6.0 (± 0.5 mm)

Monitor ETCO₂

When To Stop. The outcome for a child with no signs of life after 30 minutes of non-shockable resuscitation is likely to be very poor. Discontinuation may be justified except in poisoning & extreme hypothermia

Consider **Amiodarone** (300mg/10ml): **5 ml** (after 3rd and 5th shock)

Consider **Bicarb** (8.4%): **30 ml**

Consider **Fluid challenge: 600 ml**

CORRECT REVERSIBLE CAUSES:

Hypoxia, Hypovolaemia, Hyper/hypokalaemia /metabolic, Hypothermia, Tension pneumothorax, Tamponade, Toxins, Thromboembolism

All Need High Flow (100%) OXYGEN

35 Kg

GREEN

ACUTE AIRWAY OBSTRUCTION

Senior help needed (Anaesthetics/A&E)

Calm Environment.

Close Observation.

ADRENALINE(1:1000) (Neb):5ml

may repeat every 10 minutes

BUDESONIDE (Neb):2mg

SEPTICAEMIA

Including ? Meningococcal Sepsis,
Significant volume expansion required,
(Blood cultures, Bone, CRP, Coag, PCR,
Glucose, Blood Gas)

May need ventilation & Inotropes,

CEFOTAXIME(IV/IO):1.75g

ANALGESIA

MORPHINE(IV/IO):3.5mg

WHEEZE

SALBUTAMOL (Neb):5mg

IPRATROPIUM (Neb):250mcg

PREDNISOLONE (Oral):40mg

HYDROCORTISONE (IV/IO):100mg

AMINOPHYLLINE(IV/IO):175mg
(over 20 minutes as a loading dose)

SALBUTAMOL (IV/IO): 250mcg

over 10 mins loading dose

MAGNESIUM (IV/IO):1.4g

over 20 minutes

May need ventilation,

If life threatening contact Anaesthetist

HYPOGLYCAEMIA

10% DEXTROSE(IV/IO):70ml

Followed by an infusion of 0.9% Saline 5% Dextrose
at maintenance volume; adjust dextrose content if
required.

FITS/CONVULSIONS

Check Blood Sugar & Temperature

IV/IO access: **LORAZEPAM(4mg/ml):3.5mg**

Or **DIAZEPAM (PR):10mg**

Or **BUCCAL MIDAZOLAM:10mg**

Repeat after 10 minutes if no improvement

PHENYTOIN (IV/IO): 700mg over 20 minutes

Consider **PARALDEHYDE (PR) 10ml** mixed with
10ml olive oil

**Call for anaesthetic help if still fitting when
phenytoin is commenced**

ANAPHYLAXIS

ADRENALINE(1:1000)(IM):0.35ml

consider repeat in 5 min.

If using auto injector syringe use **300mcgs**

HYDROCORTISONE(IV/IO):100mg

CHLORPHENIRAMINE(IV/IO):5mg

(mix with 10 ml 0.9% saline, give over 1 min.)

IV Adrenaline 1microgram/Kg may be considered
but **must** be discussed with Senior/Anaesthetics

Senior/ Specialist Supervision Required:

Raised Intracranial Pressure:

20% Mannitol (IV/IO):**88ml** over 30 mins

Or Hypertonic Saline 2.7% (IV/IO):**105ml**

Tricyclic overdose with ECG changes:

8.4% Sodium Bicarbonate (IV/IO):**35ml**

SVT rate >220 Following vagal manoeuvres:

Adenosine (3mg/ml) (IV/IO):**3.5mg** then **7mg** then
10.5mg

VT with pulse: Amiodarone 175mgs over 20mins.

Consider cardioversion if unstable: 35J, 35J, 70J

WARM FLUID CHALLENGE

700 ml

Give in **350ml** aliquots in TRAUMA/CARDIAC

**Head:
Sniffing**

Unresponsive
Not breathing or only
occasional gasps

Call resuscitation team
(1 min CPR first, if alone)

CPR

(5 initial breaths then 15:2)
Attach defibrillator/monitor
Minimise interruptions

Assess rhythm

**Shockable
(VF/Pulseless VT)**

**1 Shock
140 J**

Immediately resume
CPR for 2 min
Minimise interruptions

IV/IO access,
intubate

**Adrenaline
3.5 ml (1:10,000)
alternate cycles**

**Non-shockable
(PEA/Asystole)**

Immediately resume
CPR for 2 min
Minimise interruptions

35 Kg

GREEN

CPR

**Minimise
interruptions**

**If pulse absent
or < 60/min (with
poor circulation)
Depth: at least $\frac{1}{3}$ rd
chest**

Rate: 100-120 /min

**1 finger breadth above
xiphisternum**



ET tube size:

Cuffed 6.5 (± 0.5 mm)

Uncuffed 6.0 (± 0.5 mm)

Monitor ETCO₂

When To Stop. The outcome for a child with no signs of life after 30 minutes of non-shockable resuscitation is likely to be very poor. Discontinuation may be justified except in poisoning & extreme hypothermia

Consider **Amiodarone** (300mg/10ml): **5.8 ml** (after 3rd and 5th shock)

Consider **Bicarb** (8.4%): **35 ml**

Consider **Fluid challenge: 700 ml**

CORRECT REVERSIBLE CAUSES:

Hypoxia, Hypovolaemia, Hyper/hypokalaemia /metabolic, Hypothermia, Tension pneumothorax, Tamponade, Toxins, Thromboembolism

All Need High Flow (100%) OXYGEN

40 Kg
GREY

ACUTE AIRWAY OBSTRUCTION

Senior help needed (Anaesthetics/A&E)
Calm Environment.
Close Observation.

ADRENALINE(1:1000) (Neb):5ml
may repeat every 10 minutes
BUDESONIDE (Neb):2mg

SEPTICAEMIA

Including ? Meningococcal Sepsis,
Significant volume expansion required,
(Blood cultures, Bone, CRP, Coag, PCR,
Glucose, Blood Gas)
May need ventilation & Inotropes,
CEFOTAXIME(IV/IO):2g

ANALGESIA

MORPHINE(IV/IO):4mg

WHEEZE

SALBUTAMOL (Neb):5mg
IPRATROPIUM (Neb):250mcg
PREDNISOLONE (Oral):40mg
HYDROCORTISONE (IV/IO):100mg
AMINOPHYLLINE(IV/IO):200mg
(over 20 minutes as a loading dose)
SALBUTAMOL (IV/IO):250mcg
over 10 mins loading dose
MAGNESIUM (IV/IO):1.6g
over 20 minutes
May need ventilation,
If life threatening contact Anaesthetist

HYPOGLYCAEMIA

10% DEXTROSE(IV/IO):80ml
Followed by an infusion of 0.9% Saline 5% Dextrose
at maintenance volume; adjust dextrose content if
required.

FITS/CONVULSIONS

Check Blood Sugar & Temperature
IV/IO access: **LORAZEPAM(4mg/ml):4mg**
Or **DIAZEPAM (PR):10mg**
Or **BUCCAL MIDAZOLAM:10mg**
Repeat after 10 minutes if no improvement
PHENYTOIN (IV/IO):800mg over 20 minutes
Consider **PARALDEHYDE (PR) 10ml** mixed with
10ml olive oil
**Call for anaesthetic help if still fitting when
phenytoin is commenced**

ANAPHYLAXIS

ADRENALINE(1:1000)(IM):0.4ml
consider repeat in 5 min.
If using auto injector syringe use **300mcgs**
HYDROCORTISONE(IV/IO):100mg
CHLORPHENIRAMINE(IV/IO):5mg
(mix with 10 ml 0.9% saline, give over 1 min.)
IV Adrenaline 1microgram/Kg may be considered
but **must** be discussed with Senior/Anaesthetics

Senior/ Specialist Supervision Required:

Raised Intracranial Pressure:

20% Mannitol (IV/IO):100ml over 30 mins
Or **Hypertonic Saline 2.7% (IV/IO):120ml**
Tricyclic overdose with ECG changes:
8.4% Sodium Bicarbonate (IV/IO):40ml
SVT rate >220 Following vagal manoeuvres:
Adenosine (3mg/ml) (IV/IO):4mg then **8mg** then
12mg
VT with pulse: Amiodarone 200mgs over 20mins.
Consider cardioversion if unstable: 40J, 80J, 80J

WARM FLUID CHALLENGE

800 ml

Give in **400ml** aliquots in TRAUMA/CARDIAC

**Head:
Sniffing**

Unresponsive
Not breathing or only
occasional gasps

Call resuscitation team
(1 min CPR first, if alone)

CPR

(5 initial breaths then 15:2)
Attach defibrillator/monitor
Minimise interruptions

Assess rhythm

**Shockable
(VF/Pulseless VT)**

**1 Shock
150 J**

Immediately resume
CPR for 2 min
Minimise interruptions

IV/IO access,
intubate

**Adrenaline
4 ml (1:10,000)
alternate cycles**

**Non-shockable
(PEA/Asystole)**

Immediately resume
CPR for 2 min
Minimise interruptions

40 Kg

GREY

CPR

**Minimise
interruptions**

**If pulse absent
or < 60/min** (with
poor circulation)

Depth: at least $\frac{1}{3}$ rd
chest

Rate: **100-120 /min**

**1 finger breadth above
xiphisternum**



ET tube size:

Uncuffed 7.0 (± 0.5 mm)

Cuffed 6.5 (± 0.5 mm)

Monitor ETCO2

When To Stop. The outcome
for a child with no signs of life
after 30 minutes of non-
shockable resuscitation is
likely to be very poor.
Discontinuation may be
justified except in poisoning &
extreme hypothermia

Consider **Amiodarone** (300mg/10ml): **6.0 ml** (after 3rd and 5th
shock)

Consider **Bicarb** (8.4%): **40 ml**

Consider **Fluid challenge:** **800 ml**

CORRECT REVERSIBLE CAUSES:

Hypoxia, Hypovolaemia, Hyper/hypokalaemia /metabolic, Hypothermia,
Tension pneumothorax, Tamponade, Toxins, Thromboembolism

All Need High Flow (100%) OXYGEN

45 Kg

LIME

ACUTE AIRWAY OBSTRUCTION

Senior help needed (Anaesthetics/A&E)

Calm Environment.

Close Observation.

ADRENALINE(1:1000) (Neb):**5ml**

may repeat every 10 minutes

BUDESONIDE (Neb):**2mg**

SEPTICAEMIA

Including ? Meningococcal Sepsis,
Significant volume expansion required,
(Blood cultures, Bone, CRP, Coag, PCR,
Glucose, Blood Gas)

May need ventilation & Inotropes,

CEFOTAXIME(IV/IO):**2g**

ANALGESIA

MORPHINE(IV/IO):**4.5mg**

WHEEZE

SALBUTAMOL (Neb):**5mg**

IPRATROPIUM (Neb):**250mcg**

PREDNISOLONE (Oral):**40mg**

HYDROCORTISONE (IV/IO):**100mg**

AMINOPHYLLINE(IV/IO):**225mg**

(over 20 minutes as a loading dose)

SALBUTAMOL (IV/IO):**250mcg**

over 10 mins loading dose

MAGNESIUM (IV/IO):**1.8g**

over 20 minutes

May need ventilation,

If life threatening contact Anaesthetist

HYPOGLYCAEMIA

10% DEXTROSE(IV/IO):**90ml**

Followed by an infusion of 0.9% Saline 5% Dextrose
at maintenance volume; adjust dextrose content if
required.

FITS/CONVULSIONS

Check Blood Sugar & Temperature

IV/IO access: **LORAZEPAM**(4mg/ml):**4mg**

Or **DIAZEPAM** (PR):**10mg**

Or **BUCCAL MIDAZOLAM**:**10mg**

Repeat after 10 minutes if no improvement

PHENYTOIN (IV/IO): **900mg** over 20 minutes

Consider **PARALDEHYDE** (PR) **10ml** mixed with
10ml olive oil

**Call for anaesthetic help if still fitting when
phenytoin is commenced**

ANAPHYLAXIS

ADRENALINE(1:1000)(IM):**0.45ml**

consider repeat in 5 min.

HYDROCORTISONE(IV/IO):**200mg**

CHLORPHENIRAMINE(IV/IO):**10mg**

(mix with 10 ml 0.9% saline, give over 1 min.)

IV Adrenaline 1microgram/Kg may be considered
but **must** be discussed with Senior/Anaesthetics

Senior/ Specialist Supervision Required:

Raised Intracranial Pressure:

20% Mannitol (IV/IO):**113ml** over 30 mins

Or Hypertonic Saline 2.7% (IV/IO):**135ml**

Tricyclic overdose with ECG changes:

8.4% Sodium Bicarbonate (IV/IO):**45ml**

SVT rate >220 Following vagal manoeuvres:

Adenosine (3mg/ml) (IV/IO):**4.5mg** then **9mg** then
13.5mg

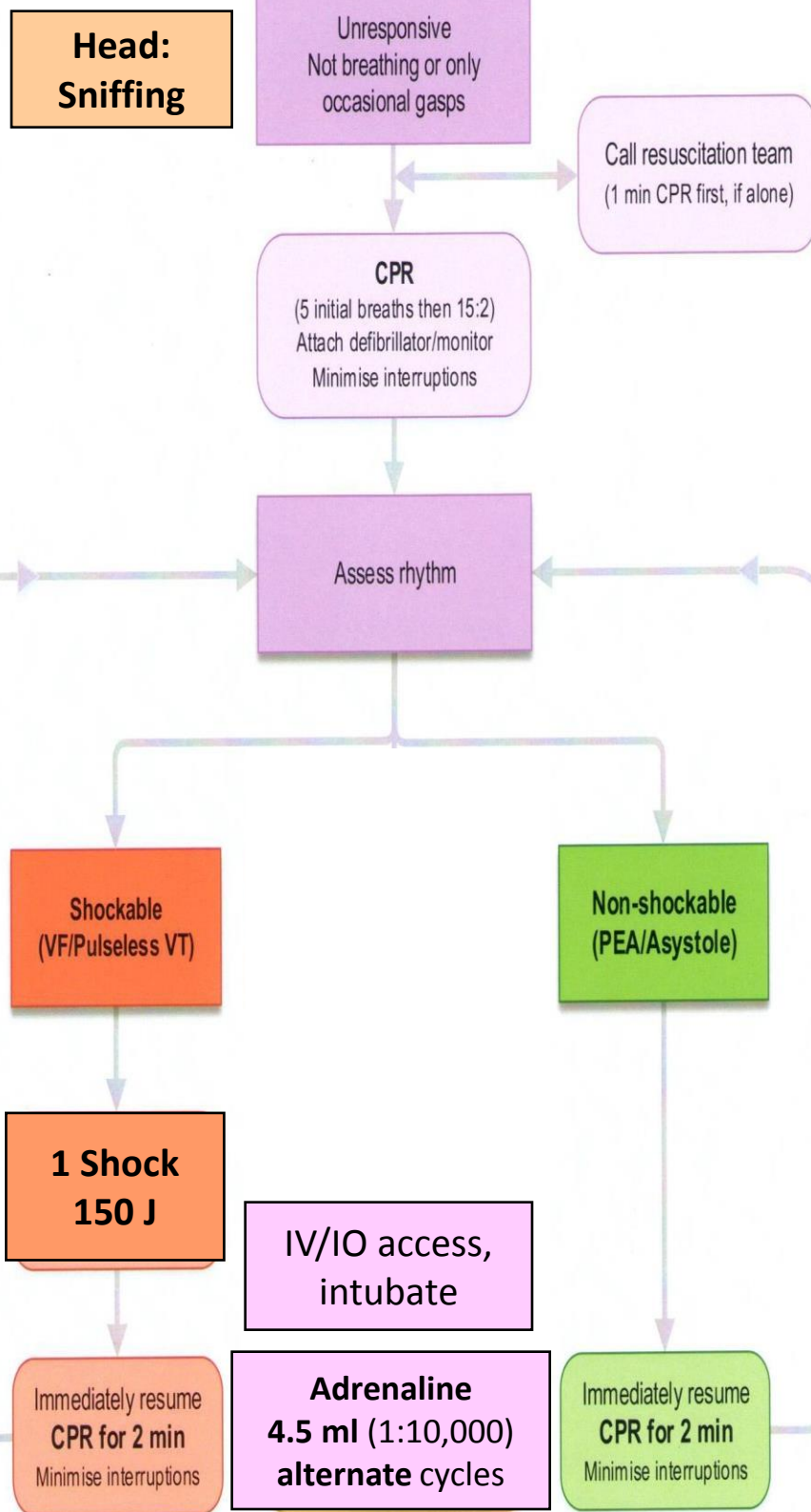
VT with pulse: Amiodarone 225mgs over 20mins.

Consider cardioversion if unstable: 45J, 90J, 90J

WARM FLUID CHALLENGE

900 ml

Give in **450ml** aliquots in TRAUMA/CARDIAC



45 Kg

LIME

CPR

Minimise interruptions

If pulse absent

or < 60/min (with poor circulation)

Depth: at least $\frac{1}{3}$ rd chest

Rate: **100-120 /min**

1 finger breadth above xiphisternum



ET tube size:

Uncuffed 7.0(± 0.5 mm)

Cuffed 6.5 (± 0.5 mm)

Monitor ETCO₂

When To Stop. The outcome for a child with no signs of life after 30 minutes of non-shockable resuscitation is likely to be very poor. Discontinuation may be justified except in poisoning & extreme hypothermia

Consider **Amiodarone** (300mg/10ml): **8.0 ml** (after 3rd and 5th shock)

Consider **Bicarb** (8.4%): **45 ml**

Consider **Fluid challenge: 900 ml**

CORRECT REVERSIBLE CAUSES:

Hypoxia, Hypovolaemia, Hyper/hypokalaemia /metabolic, Hypothermia, Tension pneumothorax, Tamponade, Toxins, Thromboembolism

Other Useful Drugs and Information

INFUSIONS:

Dopamine*:

To make standard solution: 15mg/kg in 50ml 5% dextrose

Concentration: 1ml/hr = 5 micrograms/kg/min

Dose Range: 5 – 20 micrograms/kg/min

Dobutamine*:

To make standard solution: 15mg/kg in 50ml 5% dextrose

Concentration: 1 ml/hr = 5 micrograms/kg/min

Dose Range: 5 – 20 micrograms/kg/min

Adrenaline:

To make standard solution: 0.3mg/kg in 50ml 5% dextrose

Concentration: 1 ml/hr = 0.1 micrograms/kg/min

Dose Range: 0.1 - 4 micrograms/kg/min

Noradrenaline:

To make standard solution: 0.3mg/kg in 50ml 5% dextrose

Concentration: 1 ml/hr = 0.1 micrograms/kg/min

Dose Range: 0.1 - 4 micrograms/kg/min

Morphine*:

To make standard solution: 1mg/kg in 50ml 5% dextrose

Concentration: 1 ml/hr = 20 micrograms/kg/hr

Dose Range: 10 - 40 micrograms/kg/hr

Midazolam*:

To make standard solution: 3mg/kg in 50ml 5% dextrose

Concentration: 1 ml/hr = 1 micrograms/kg/min

Dose Range: 1 - 4 micrograms/kg/min

*To be doubled for infants less than 10kg.

Use 0.9% Saline rather than 5% Dextrose to mix infusions in head injury / meningitis / encephalitis / seizure.

Other Useful Drugs and Information (continued):

Alprostadil (Prostaglandin E2):

To make standard solution: 30micrograms/kg in 50ml 5% dextrose

Concentration: 1 ml/hr = 10 nanograms/kg/min

Dose Range: 5 - 20 nanograms/kg/min

Amiodarone:

Initial loading dose 5mg/kg over 20 minutes followed by infusion.

To make standard solution: 15mg/kg in 50ml 5% Dextrose

Concentration: 1ml/hr = 5micrograms/kg/min

Dose Range: 5 – 15 micrograms/kg/min/hour

Aminophylline:

Initial loading dose of 5mg/kg (maximum 500mg) over at least 20 minutes followed by infusion.

To make standard solution: 1mg/ml solution in 5% Dextrose

Concentration: 1ml/kg/hr = 1mg/kg/hr

Dose Range: 0.5 – 1mg/kg/hr

Insulin for DKA:

0.05-0.1units/kg/hour

<http://www.bsped.org.uk/clinical/docs/DKAcalculator.pdf>

Calcium (for hyperkalaemia, hypocalcaemia and calcium channel blocker overdose):

0.3ml/kg of 10% Calcium Gluconate (i.e. 0.1mmol/kg Ca) to maximum of 4.5mmol (20ml) over 30 minutes **OR**

0.1mls/kg of 10% Calcium Chloride to a maximum of 4.5mmol (6.5mls) over 30 minutes.

Atropine (stat dose after vagal stimulation induced bradycardia):

20 micrograms/kg iv (minimum 100mcg to maximum 600mcg)

Birth – 1 month 15 micrograms/kg iv

GLASGOW COMA SCALE

SUITABLE FOR **UNDER 4 YEARS**

Best = 15, Worst = 3

RESPONSE

SCORE

EYE OPENING

Spontaneously	4
To verbal stimuli	3
To pain	2
No response to pain	1

BEST MOTOR RESPONSE

Spontaneous or obeys verbal command	6
Localises to pain or withdraws to touch	5
Withdraws to pain	4
Abdominal flexion to pain (decorticate)	3
Abnormal extension to pain (decerebrate)	2
No response to pain	1

BEST VERBAL RESPONSE

Alert, babbles, coos, words to usual ability	5
Less than usual words/ spontaneous irritable cry	4
Cries only to pain	3
Moans to pain	2
No response to pain	1

GLASGOW COMA SCALE

SUITABLE FOR 4 YEARS AND OVER

Best = 15, Worst = 3

RESPONSE	SCORE
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EYE OPENING

Spontaneously	4
To verbal stimuli	3
To pain	2
No response to pain	1

BEST MOTOR RESPONSE

Obeys verbal command	6
Localises to pain	5
Withdraws from pain	4
Abnormal flexion to pain (decorticate)	3
Abnormal extension to pain (decerebrate)	2
No response to pain	1

BEST VERBAL RESPONSE

Orientated and converses	5
Disorientated and converses	4
Inappropriate words	3
Incomprehensible sounds	2
No response to pain	1

Normal fluid requirements

Body weight	Fluid req / day (ml/kg)	Fluid req /hour (ml/kg)
First 10 kg	100	4
Second 10 kg	50	2
Subsequent kilograms	20	1

Normal Paediatric Ranges

Age (Years)	Heart Rate / min	Respiratory Rate / min	Systolic BP (mmHg)
<1	110 – 160	30 – 40	80 – 90
1 – 2	100 – 150	25 – 35	85 – 95
2 – 5	95 – 140	25 – 30	85 – 100
5 – 12	80 – 120	20 – 25	90 – 110
>12	60 - 100	15 - 20	100 - 120