

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

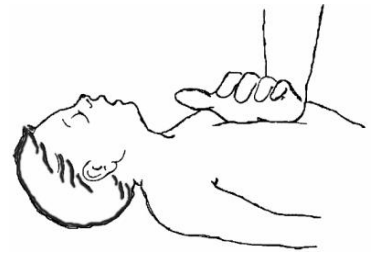
Minimise
interruptions

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

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
<i>EYE OPENING</i>	
Spontaneously	4
To verbal stimuli	3
To pain	2
No response to pain	1
<i>BEST MOTOR RESPONSE</i>	
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
<i>BEST VERBAL RESPONSE</i>	
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