

Pediatric Intensivist Sentiment ⁶

151 Canadian pediatric acute care physicians regarding the use of SB in pediatric resuscitation

TABLE 3. Selected Variables Provided for Scenario 2 by Time Point (6-Year-Old, Witnessed Cardiac Arrest)

Variable	Time 1	Time 2 (10 Min Into Cardiac Arrest)	Time 3
Airway	Oral airway	Intubated	Intubated
Chest compressions	In progress	In progress	In progress
Cardiac rhythm	Asystole	Asystole	Asystole
Pulse when compressions held	Absent	Absent	Absent
Epinephrine bolus doses administered (0.01 mg/kg, 1:10,000)	1	2	4
Isotonic fluid resuscitation received (mL/kg)	20 (initiated)		40
Labs provided	Glucometer check 12.5 mmol/L		K 4.0 mmol/L

See supplemental data, Supplemental Digital Content 2 (<http://links.lww.com/CCM/A656>), for full scenario details.

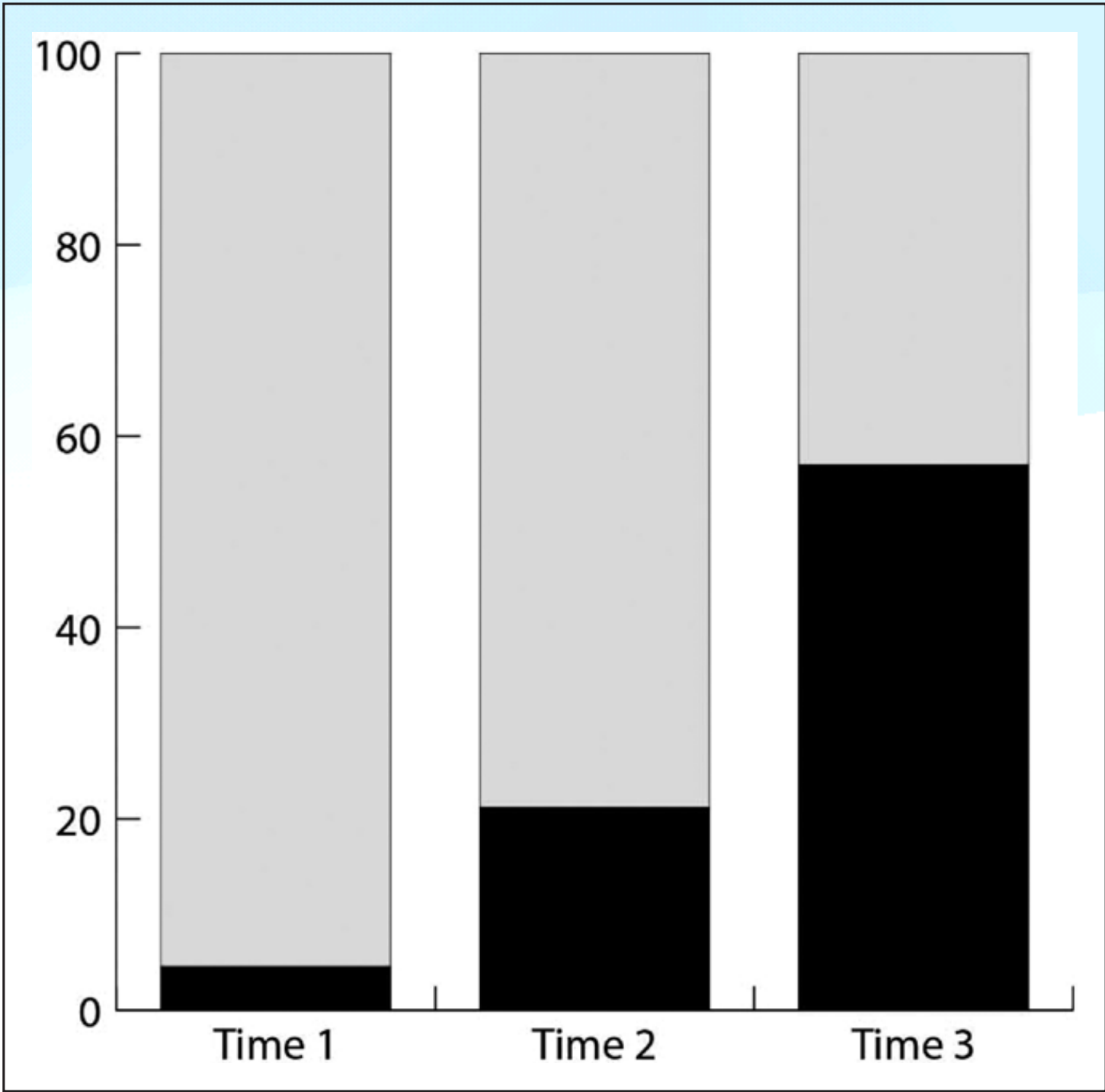


Figure 3. Respondent preferences regarding sodium bicarbonate administration during the resuscitation of pediatric cardiac arrest. Stacked bar graph illustrating the percentage of respondents who would and would not administer sodium bicarbonate at each time point in the scenario. *Black bar* = yes, I would administer sodium bicarbonate at this time; *gray bar* = no, I would not administer sodium bicarbonate at this time; *x-axis* = time point in scenario; *y-axis* = percentage of respondents.

Outline

Rationale for Sodium Bicarbonate Use

Current Guidelines

Adoption of Guidelines in North America

Basic Overview of Current Evidence