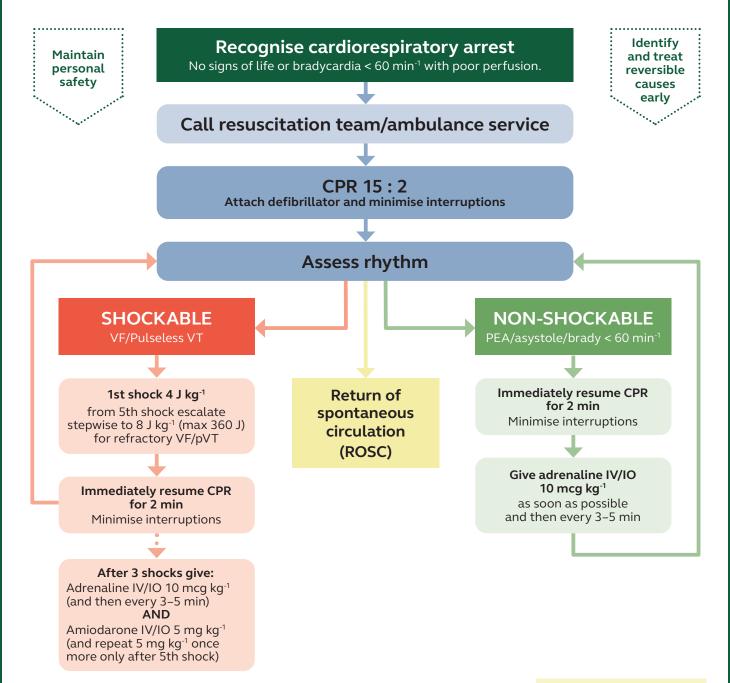


## Paediatric advanced life support



## High-quality chest compressions and:

- Ensure correct rate, depth and full recoil
- Provide BMV with 100% oxygen (2 person approach)
- $\bullet\,$  Continuous compressions if tracheal tube or SGA inserted
- Use waveform capnography and ventilate at a rate (breaths minute<sup>-1</sup>) of:

Infants	1-8 years	8-12 years	> 12 years
25	20	15	10

- Vascular access IV/IO
- Once started, give adrenaline every 3-5 min
- Maximum single dose adrenaline 1 mg
- Maximum single dose amiodarone 300 mg after the 3rd shock and 150 mg after the 5th shock

## Reversible causes:

- Hypoxia
- Hypovolaemia
- Hyper-hypokalaemia, -calcaemia, -magnesaemia, hypoglycaemia (metabolic)
- Hypo-hyperthermia
- Thrombosis (coronary/ pulmonary)
- Tension pneumothorax
- Tamponade (cardiac)
- Toxins

## Immediately after ROSC:

- Use an ABCDE assessment
- Aim for SpO<sub>2</sub> of 94–98% and normal PaCO<sub>2</sub>
- Maintain SBP and mean
  > 10th percentile
- Avoid/manage hypothermia
- Glucose control
- Treat precipitating cause