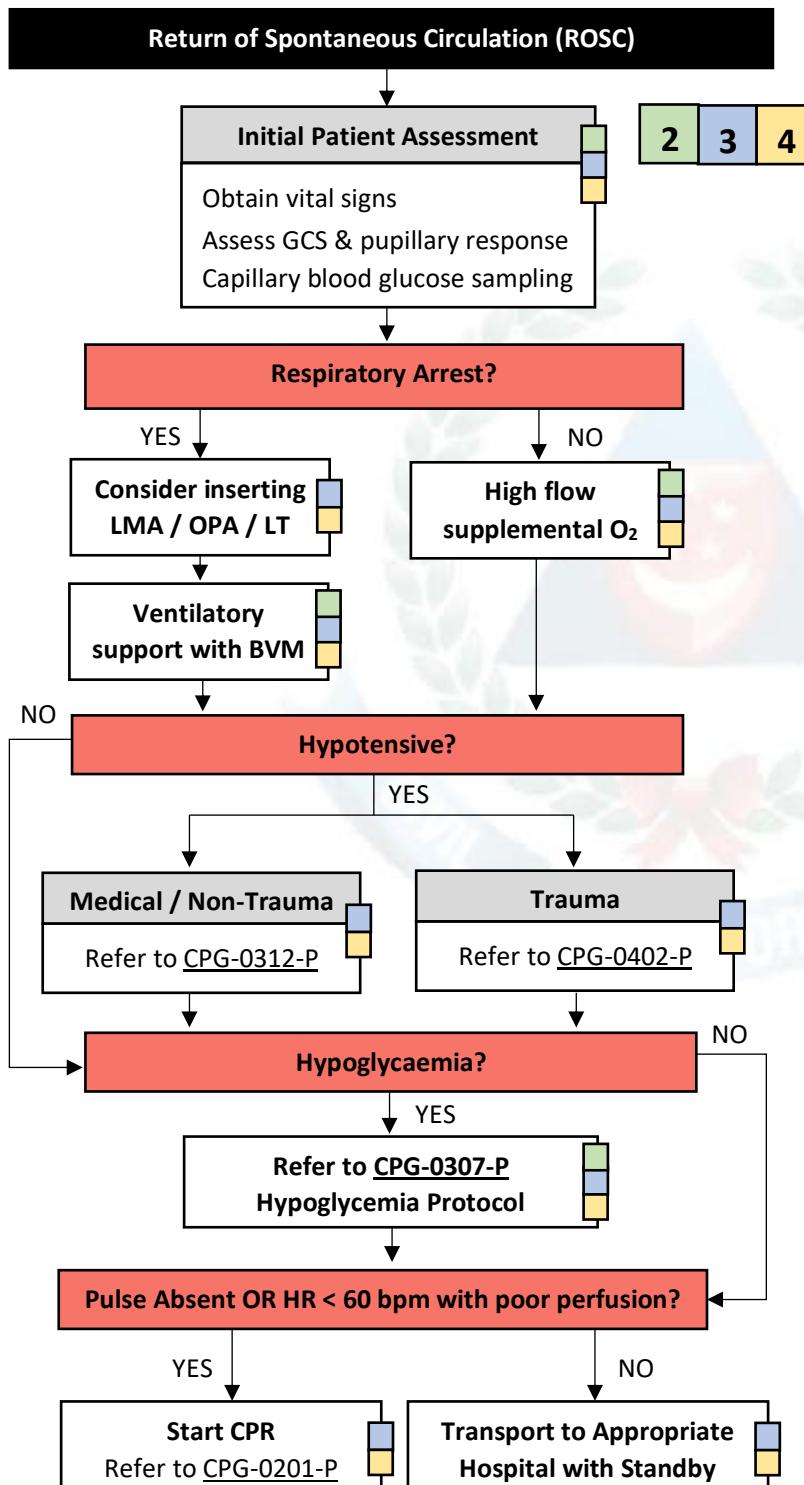


Paediatric



INDICATIONS

Patient who has achieved return of spontaneous circulation (palpable pulse) from a cardiac or traumatic arrest



AIRWAY & BREATHING

Maintaining patent airway

- Perform suction if necessary
- Advanced airway can be inserted in unconscious patients. Refer to **Drug and Treatment Reference** for gauging of LT / LMA size.
- Remove airway device if gag reflex is present

Ventilation Strategy

- Avoid hyperventilation
- Aim to achieve **SpO₂** of 94% to 98% and end-tidal CO₂ of 35 to 40 mmHg

< 1 year old	30 bpm (1 every 2s)
1 to 12 years old	20 bpm (1 every 3s)
> 12 years old	12 bpm (1 every 5s)



MONITORING & ASSESSMENT

- Provide close cardiac monitoring (ECG + SpO₂) throughout patient care
- Perform vital signs and primary assessment every 5 minutes
- Ensure AED pads are placed on patient at ALL times (switch to ambulance pads)
- Obtain IV access if not performed earlier



DISPOSITION

Critical patient

Nearest/ fastest hospital with standby message to receiving hospital

*Proceed to Paediatric hospital if difference in distance do not defer too much

ALL other patients

Nearest/ fastest Paediatric Hospital

Disclaimer: The protocol is expressly intended for use by SCDF paramedics performing duties and delivering ambulance services for, and on behalf of SCDF Emergency Medical Services (EMS). Under no circumstances will the SCDF EMS, its employees or agents, be liable for any loss, injury, claim, liability or damages of any kind resulting from unauthorized use of, or reliance upon, the SCDF EMS Protocol or the contents therein.