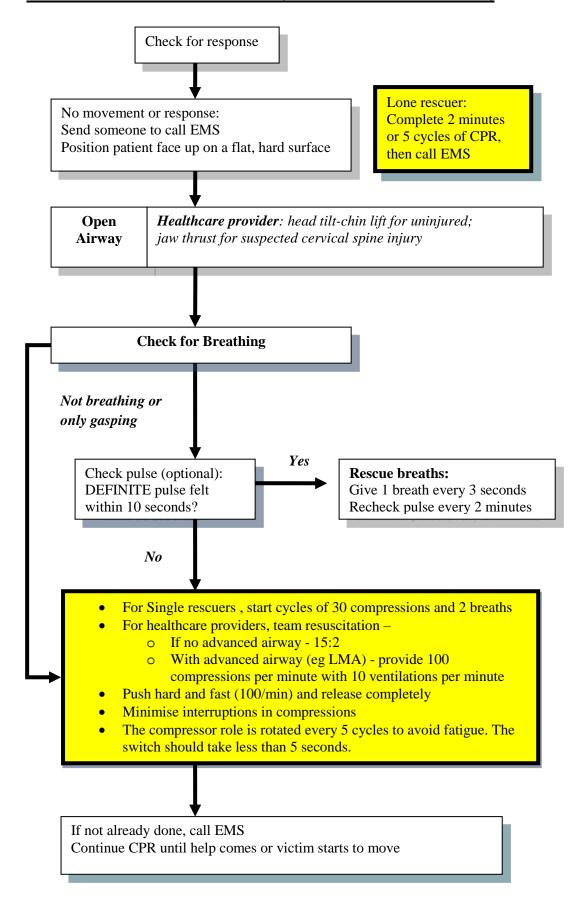
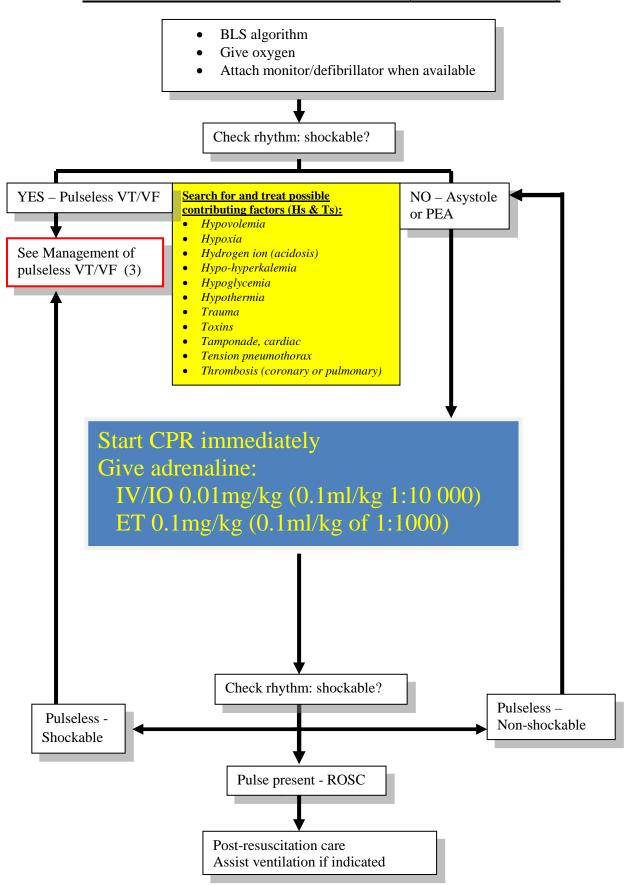
1.PAEDIATRIC RESUSCITATION (HEALTHCARE PROVIDER)

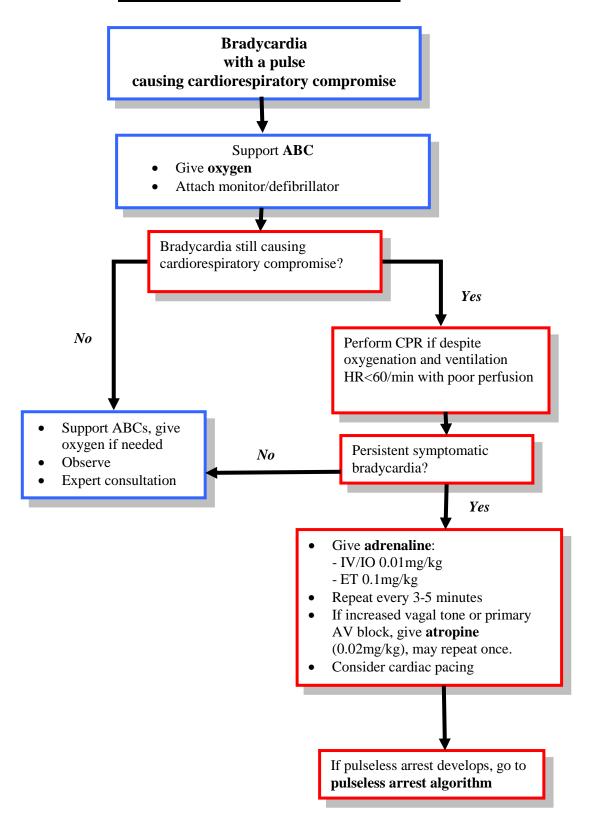


2. ALGORITHM FOR PULSELESS ARREST (NON-SHOCKABLE)

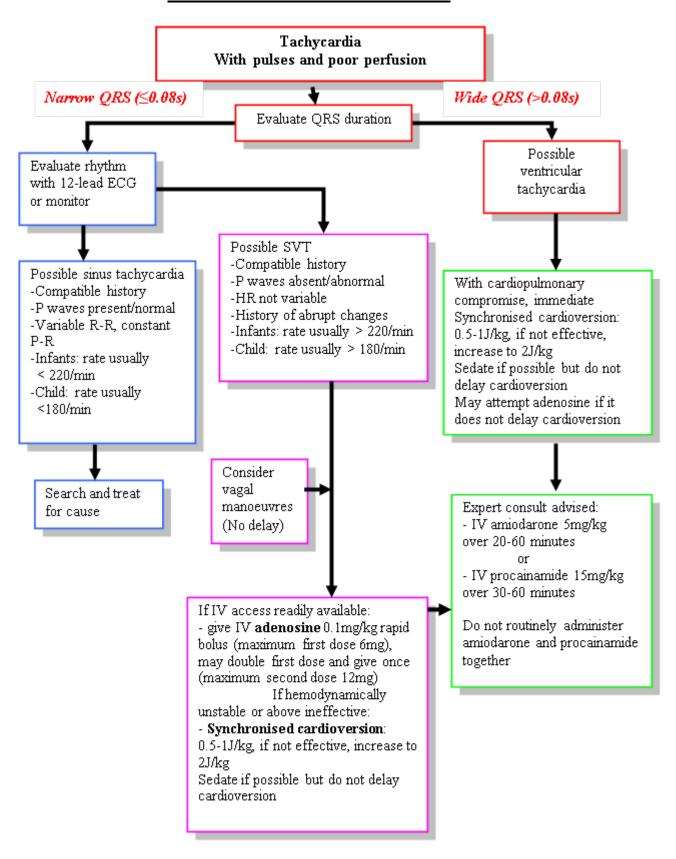


3. ALGORITHM FOR PULSELESS ARREST - SHOCKABLE BLS algorithm Give oxygen (via BVM) Attach monitor/defibrillator when available NOT See Management of Check rhythm: shockable? SHOCKABLE -Asystole or PEA (2) Asystole or PEA Perform 2 mins of CPR then check for pulse and rhythm - shockable? YES / SHOCKABLE Give adrenaline every other shock Pulseless VT/VF (q 3-5 mins) **Consider other antiarrhythmics:** -IV/IO lignocaine 1mg/kg (max. 100mg) initial bolus followed by 1st shock 2nd shock 3rd shock 4th shock 5th shock 6th shock infusion 20-50microgram/kg/min. 4J/kg 4J/kg 4J/kg 4J/kg 4J/kg 4J/kg Repeat bolus img/kg can be given after CPR CPR CPR CPR CPR Resume CPR Resume Resume Resume Resume Resume 15 minutes after initiating infusion if immediately. CPR CPR CPR CPR CPR delayed > 15 minutes Can use AED if immediately. immediately. immediately. immediately. immediately. * -IV/IO amiodarone 5mg/kg, up to 3 > 1 year old -IV/IO magnesium sulphate 50mg/kg (max2g) for Torsades de Pointes IV/IO amiodarone Give adrenaline IV/IO amiodarone IV/IO adrenaline 0.01mg/kg; max 5mg/kg; max. 3 doses Consider increasing energy dose of 0.01mg/kg; max 1mg 5mg/kg OR 1mg shocks to max 10J/kg for refractory VF OR q 3-5 mins or every IV/IO lignocaine if not q 3-5 mins or every IV/IO lignocaine other shock given earlier other shock 1mg/kg; max 100mg 1mg/kg; max 100mg initial bolus followed CPR2 mins then check pulse Initial bolus followed by by infusion 20-50 infusion 20-50 ** Search for and treat possible and rhythm - shockable? microgram/kg/min. microgram/kg/min. contributing factors (Hs & Ts) Minimise time between chest Hypovolemia compressions and shock delivery. Hypoxia Check rhythm and shock Hydrogen ion (acidosis) immediately after chest Hypo-hyperkalemia **During CPR** compressions, rather than after Pulse present / return of Hypoglycemia Monitor CPR quality Hypothermia rescue breaths, if possible. spontaneous circulation Check frequently for Trauma Minimise time between shock Toxins delivery and resumption of chest reversible causes - Hs,Ts ** Tamponade, cardiac compressions. Advanced airway placement Tension pneumothorax and confirmation Post-resuscitation care Thrombosis (coronary or pulmonary)

4. ALGORITHM FOR BRADYCARDIA



5. ALGORITHM FOR TACHYCARDIA



6. ALGORITHM FOR NEWBORN RESUSCITATION Team briefing Equipment check Birth Start timer Routine care Term gestation? Yes, stay with mother Provide warmth Good tone? Open airway Breathing or crying? Dry Liquor clear? Ongoing evaluation No Warm, position, open airway, dry/plastic wrap, stimulate No HR below 100/min, Laboured breathing gasping, or apnoea? or persistent cyanosis? Maintain temperature PPV, SpO₂ monitoring, Open airway Consider ECG monitoring SpO₂ monitoring 60 sec Consider CPAP No HR below 100/min Ensure adequate ventilation Corrective steps if needed Consider ETT/LMA Post-resuscitation care Check temperature Team debriefing HR below 60/min Targeted Preductal SpO2 After Birth Ensure adequate ventilation Consider ETT/LMA 1 min 60-65% Increase to 100% O₂ 2 min 65-70% Chest compressions 3 min 70-75% coordinated with PPV 4 min 75-80% 80-85% 5 min 10 min 85-95% HR below 60/min (After 60 sec of CPR) IV Adrenaline If HR persistently below 60/min Consider hypovolaemia Consider pneumothorax