Paediatric Advanced Life Support for COVID-19 patients

Conversations and decisions on emergency treatment completed and documented

Yes

DNACPR

No

Unresponsive
Not breathing or only occasional gasps

Call resuscitation team (1 min CPR first, if alone)
State COVID-19

CPR
(5 initial breaths then 15:2)
Attach defibrillator/monitor
Minimise interruptions

Assess rhythm

Shockable
(VF/Pulseless VT)

1 Shock
4 J kg⁻¹

Immediately resume CPR for 2 min
Minimise interruptions

Return of spontaneous circulation

Immediate post cardiac arrest treatment
- Use ABCDE approach
- Controlled oxygenation and ventilation
- Aim for SpO₂ of 94-98%
- Investigations
- Treat precipitating cause
- Targeted temperature control
- AGP PPE if AGP more interventions

Non-shockable
(PEA/Asystole)

Immediately resume CPR for 2 min
Minimise interruptions

End of life care

Recommended PPE

Level 2 PPE
- Disposable gloves
- Disposable apron
- Fluid resistant surgical mask
- Disposable eye protection

Level 3 AGP (aerosol generating procedures) PPE
- Disposable gloves
- Disposable gown
- Filtering face piece (FFP3) respirator
- Disposable eye protection

During CPR
- Ensure high-quality CPR: rate, depth, recoil
- Plan actions before interrupting CPR
- Give oxygen
- Vascular access (intravenous, intraosseous)
- Give adrenaline every 3-5 min
- Consider advanced airway and capnography
- Continuous chest compressions when advanced airway in place
- Correct reversible causes
- Consider amiodarone after 3 and 5 shocks

Reversible Causes
- Hypoxia
- Hypovolaemia
- Hyper/hypokalaemia, metabolic
- Hypothermia
- Thrombosis (coronary or pulmonary)
- Tension pneumothorax
- Tamponade (cardiac)
- Toxic/therapeutic disturbances

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