Paediatric Advanced Life Support

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

**Assess rhythm**

**Unresponsive**
Not breathing or only occasional gasps

Call resuscitation team
(1 min CPR first, if alone)

**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
- Investigations
- Treat precipitating cause
- Temperature control

Immediately resume CPR for 2 min
Minimise interruptions

**Non-shockable**
(PEA/Asystole)

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

**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