Paediatric Advanced Life Support

Unresponsive?
Not breathing or only occasional gasps

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

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

Assess rhythm

Shockable
(VF / Pulseless VT)

1 Shock
4J / kg
Immediately resume CPR for 2 min
Minimise interruptions

Non-Shockable
(PEA / Asystole)

Return of spontaneous circulation

Immediate post cardiac arrest treatment
- Use ABCDE approach
- Controlled oxygenation and ventilation
- Investigations
- Treat precipitating cause
- Temperature control
- Therapeutic hypothermia?

Immediately resume CPR for 2 min
Minimise interruptions

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

Reversible Causes
- Hypoxia
- Hypovolaemia
- Hypo-/hyperkalaemia/metabolic
- Hypothermia
- Tension pneumothorax
- Toxins
- Tamponade - cardiac
- Thromboembolism

Superseded by 2015 Guidelines
Resuscitation Council (UK)

2010 Resuscitation Guidelines

Impressive post cardiac arrest treatment
- Use ABCDE approach
- Controlled oxygenation and ventilation
- Investigations
- Treat precipitating cause
- Temperature control
- Therapeutic hypothermia?