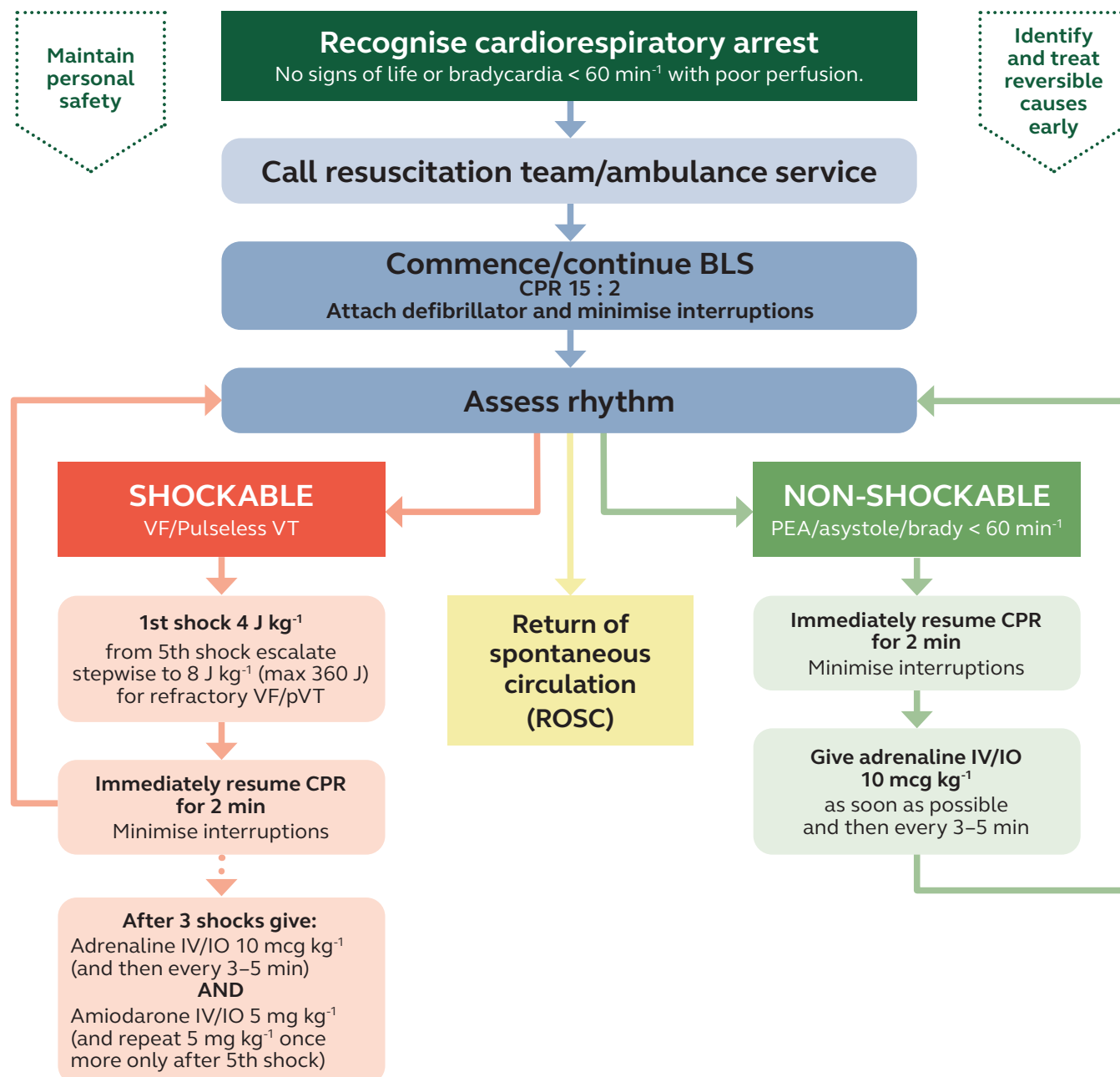


Paediatric advanced life support



High-quality chest compressions and:

- Ensure correct rate, depth and full recoil
- Provide BMV with 100% oxygen (2 person approach)
- Continuous compressions if tracheal tube or SGA inserted
- Use waveform capnography and ventilate at a rate (breaths minute⁻¹) of:

Infants	1–8 years	8–12 years	> 12 years
25	20	15	10

- Vascular access IV/IO
- Once started, give adrenaline every 3–5 min
- Maximum single dose adrenaline 1 mg
- Maximum single dose amiodarone 300 mg after the 3rd shock and 150 mg after the 5th shock

Reversible causes:

- Hypoxia
- Hypovolaemia
- Hyper-hypokalaemia, -calcaemia, -magnesaemia, hypoglycaemia (metabolic)
- Hypo-hyperthermia
- Thrombosis (coronary/pulmonary)
- Tension pneumothorax
- Tamponade (cardiac)
- Toxins

Immediately after ROSC:

- Use an ABCDE assessment
- Aim for SpO₂ of 94–98% and normal PaCO₂
- Maintain SBP and mean > 10th percentile
- Avoid/manage hypothermia
- Glucose control
- Treat precipitating cause