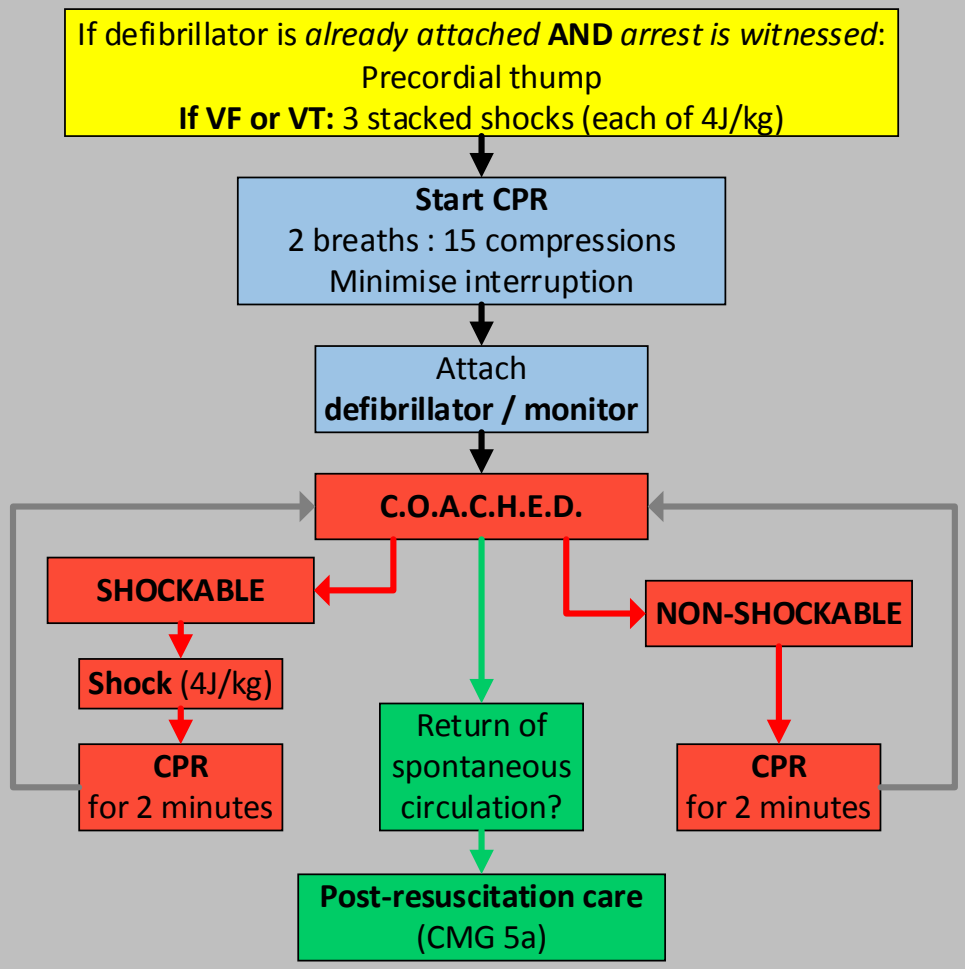
CMG 5 – PAEDIATRIC CARDIAC ARREST

(Revised: June 2017)

For the purposes of this guideline, paediatrics include infants and children aged from 24 hours to 8 years.



REMINDER

Commence CPR on a paediatric when:

- unresponsive and not breathing normally AND / OR
- no pulse felt (check for no more than 10 secs) OR
- slow pulse (<60/min) and no other signs of circulation

CORRECTABLE CAUSES

Hypoxia	**T**ension pneumothorax
Hypovolaemia	**T**amponade
Hyper/hypokalaemia or metabolic disorder	**T**oxins
Hyperthermia/ hypothermia	**T**hrombosis (pulmonary/coronary)

Compressions continue
Oxygen away
All else clear
Charging
Hands off/I'm safe
Evaluate rhythm
Defibrillate or disarm

continued over

CMG 5 (cont.) – PAEDIATRIC CARDIAC ARREST

*** SHOCKABLE RHYTHM ***		
DURING CPR:		
ICP	**CHECK AGGRESSIVELY FOR (AND ADDRESS) CORRECTABLE CAUSES**	**AP**
ICP	Basic airway manoeuvres and airway adjuncts	**AP**
ICP	Add oxygen	**AP**
ICP	$EtCO_2$	**AP**
ICP	Intravenous or	**AP**
ICP	intraosseous access	
ICP	Plan actions before interrupting CPR (i.e. COACHED)	**AP**
ICP	Consider advanced airway management (when sufficient assistance)	**AP**
ICP	Consider placing intragastric tube (APs: via LMA gastric port only)	**AP**
MEDICATIONS		
ICP	**Adrenaline – 0.01mg/kg** after 2nd shock (then in every second loop)	**AP**
ICP	**Amiodarone – 5mg/kg** (max 150mg) after 3rd shock	
ICP	Consider fluid bolus – **normal saline** – up to 20ml/kg	**AP**
ICP	**Magnesium sulphate – 50mg/kg** (max 2.5g) • first drug in Torsades de Pointes (no amiodarone), or • after 4th shock if still in VF	
ICP	**Sodium bicarbonate – 0.5mMol/kg** • prolonged arrest (>15 minutes), or • as otherwise indicated (hyperkalaemia, tricyclic OD)	

*** NON-SHOCKABLE RHYTHM ***		
DURING CPR:		
ICP	**CHECK AGGRESSIVELY FOR (AND ADDRESS) CORRECTABLE CAUSES**	**AP**
ICP	Basic airway manoeuvres and airway adjuncts	**AP**
ICP	Add oxygen	**AP**
ICP	$EtCO_2$	**AP**
ICP	Intravenous or	**AP**
ICP	intraosseous access	
ICP	Plan actions before interrupting CPR (i.e. COACHED)	**AP**
ICP	Consider advanced airway management (when sufficient assistance)	**AP**
ICP	Consider placing intragastric tube (APs: via LMA gastric port only)	**AP**
ICP	Asystole/PEA: check alternate leads	**AP**
MEDICATIONS		
ICP	**Adrenaline – 0.01mg/kg** immediately (then in every second loop)	**AP**
ICP	If hypoxia is *not* the apparent cause of arrest: **normal saline** – 20ml/kg	**AP**
ICP	**Sodium bicarbonate – 0.5mMol/kg** • prolonged arrest (>15 minutes), or • as otherwise indicated (hyperkalaemia, tricyclic OD)	