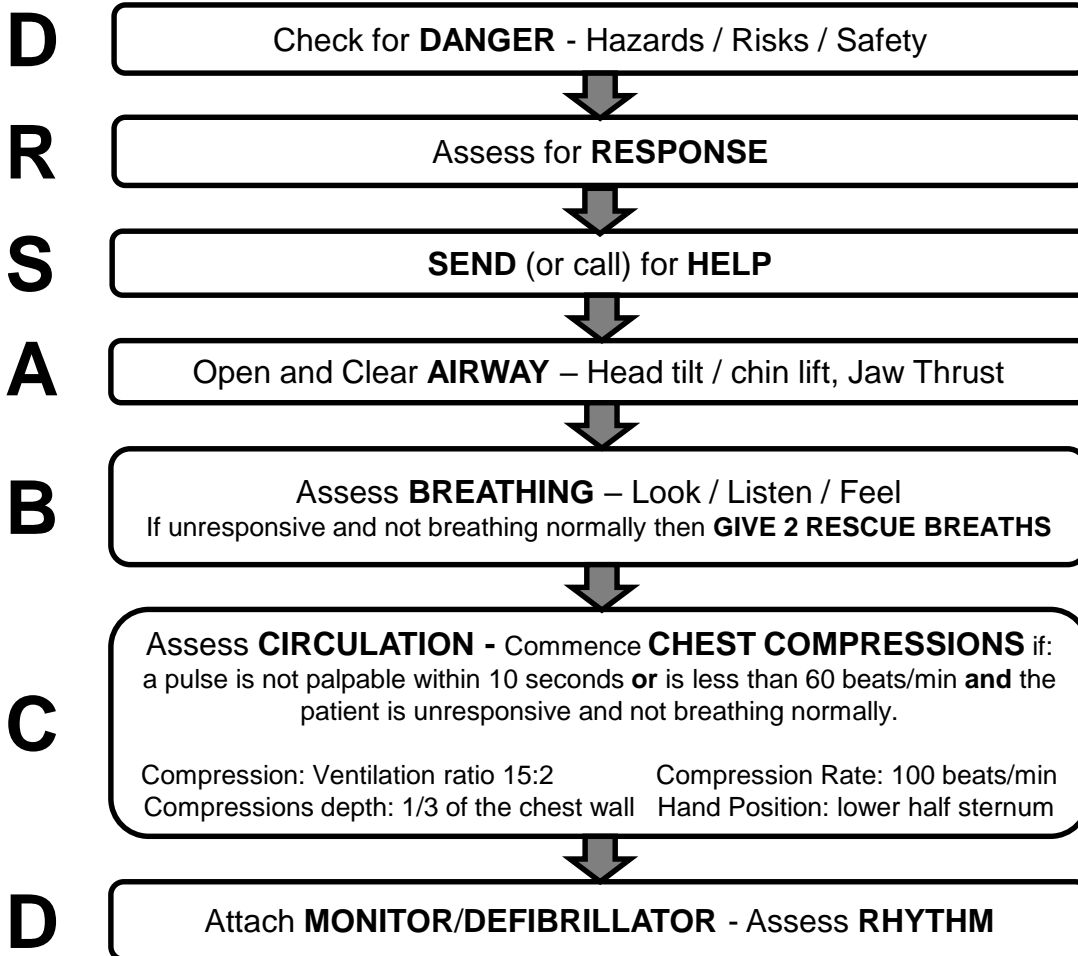


PAEDIATRIC LIFE SUPPORT FOR HEALTH CARE RESCUERS



SHOCKABLE VF/PULSELESS VT

D/C shock 4 joules / kg

2 mins CPR, assess rhythm and ROSC*
Ventilate high Flow O₂, IV / IO access

D/C shock 4 joules / kg
Adrenaline 10mcg/kg IV/IO

2 mins CPR, assess rhythm and ROSC*

D/C shock 4 joules / kg
Amiodarone 5mg/kg IV/IO

2 mins CPR, assess rhythm and ROSC*

D/C shock 4 joules / kg
Adrenaline 10mcg/kg IV/IO

2 mins CPR, assess rhythm and ROSC*

D/C shock 4 joules / kg

During CPR consider

Check electrode / paddle positions
Correct reversible causes
Intubation / Advanced airway
Magnesium 0.1-0.2mmol/kg for torsade de pointes
Lignocaine 1mg/kg for VF/VT
Sodium Bicarbonate 0.5-1mmol/kg
Atropine 20mcg/kg +/- pacing
2 ml/kg of 10% Dextrose
20ml/kg 0.9% NaCl
Adult Maximum doses:
Adrenaline – 1mg
Amiodarone – 300mg

Adrenaline 10 mcg/kg
= 0.1 ml/kg of 1:10,000

2 mins
CPR

NON - SHOCKABLE PEA or ASYSTOLE

Establish IV or IO access
Adrenaline 10mcg/kg
Continue CPR
Ventilate with high flow O₂

Adrenaline 10mcg/kg IV/IO
every 2nd cycle (every 4 mins)

Identify and treat reversible causes
Change cardiac compressor every 2 mins
Assess Rhythm and ROSC* every 2 mins

REVERSIBLE CAUSES

HYPOXAEMIA
HYPOVOLAEMIA
HYPO/HYPERKALAEMIA
HYPO/HYPERTHERMIA
HYPOGLYCAEMIA/METABOLIC
TAMPONADE
TENSION PNEUMOTHORAX
TOXINS, POISONS, DRUGS
THROMBOEMBOLISM

*ROSC = return of spontaneous circulation

