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.

If defibrillator is *already attached* **AND** *arrest is witnessed*:
Precordial thump
If VF or VT: 3 stacked shocks (each of 4J/kg)

↓

Start CPR
2 breaths : 15 compressions
Minimise interruption

↓

Attach
defibrillator / monitor

↓

C.O.A.C.H.E.D.

- → **SHOCKABLE** → **Shock** (4J/kg) → **CPR** for 2 minutes → back to C.O.A.C.H.E.D.
- → Return of spontaneous circulation? → **Post-resuscitation care** (CMG 5a)
- → **NON-SHOCKABLE** → **CPR** for 2 minutes → back to C.O.A.C.H.E.D.

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

Uncontrolled when printed. The latest version of this document is available on the ACT Ambulance Service internet site.

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 – 1mMol/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 – 1mMol/kg** • prolonged arrest (>15 minutes), or • as otherwise indicated (hyperkalaemia, tricyclic OD)	