

CMG 5(a) – RETURN OF SPONTANEOUS CIRCULATION (ROSC) – PAEDIATRIC

(Revised: August 2016)



Post-arrest, correctable causes should be aggressively checked for, and addressed

| RESPIRATORY | | |
|-------------|---|----|
| ICP | Paediatric RSI is not authorised | AP |
| ICP | Maintain sedation if an ETT was placed during arrest – prevent dislodgement | |
| ICP | Maintain SpO ₂ 94 – 98% (unless patient has a specific condition that necessitates special management) | AP |
| ICP | Do not hyperventilate. Ventilation at a rate within normal range for child's age. | AP |
| ICP | Ventilate to maintain EtCO ₂ at 35 – 40mmHg | AP |

| BLOOD SUGAR | | |
|-------------|---|----|
| ICP | Correct hypoglycaemia cautiously – aim for normoglycaemia | AP |

| CARDIAC / PERFUSION | | |
|---------------------|---|----|
| ICP | Treat significant arrhythmias if persistent. Note that bradycardia (<60/min) in an unresponsive and apnoeic paediatric patient necessitates CPR. | AP |
| ICP | In a ROSC patient who is responsive and breathing, yet still bradycardic, consider adrenaline infusion | |
| ICP | Maintain cerebral perfusion (aim for BP within normal range for child's age) posture and fluids | AP |
| ICP | and / or consider adrenaline infusion | |

| TEMPERATURE | | |
|-------------|---|----|
| ICP | The optimal temperature range for a paediatric ROSC patient is unknown. A temperature range from hypothermia to normothermia (32 – 37.5°C) is acceptable. There is no need to actively manage the patient's temperature, unless it is outside these parameters. | AP |
| ICP | Hyperthermia is associated with poor neurological outcome. Prevent hyperthermia, treat aggressively if present. | AP |