

## Basic Life Support in Paediatric Patients

	Child > 1 year	< 1 year	Pre-hospital care During the transport
D	Check for Dangers		Check for Dangers
R	Assess Responsiveness		Assess Responsiveness
S	Send for Help		Send for AED, OP, BVM
A	Open Airway – sniffing position, Head tilt & chin lift / Jaw thrust	Neutral position	Open Airway – sniffing position, Head tilt & chin lift / Jaw thrust, check pulse
B	Assess Breathing – LLF for 10seconds Give 2 Breaths – with nose pinched	Mouth to mouth breathing – seal both nose & mouth	Assess Breathing – LLF for 10seconds Give 2 Breaths – with BVM
C	Determine need for Chest Compressions – No carotid pulse for 10 seconds Start CPR – 15 compressions, 2 breaths Continue CPR for 1 minute	Pulse check – Brachial / femoral Chest compression – Hand encircling or two finger method	Assistance to start with chest compression 100/min Doctor to attached AED Wait for commands Shock advised Shock not advised
D	Ensure help is coming Attach AED	No AED	Check pulse, Check breathing

<b>Indications for chest compressions</b>	No signs of life Not certain if there is a pulse Slow pulse <60/min with no signs of life
<b>Signs of life</b>	Any movements, Coughing, Normal breathing Reaction to ventilation
<b>Which of the Hs and Ts are of particular importance in asystole?</b>	hypoxia hypovolaemia anything else suggested by history of child's illness/injury
<b>Which of the Hs and Ts are of particular importance in PEA?</b>	Hypovolaemia, hypocalcaemia, tension pneumothorax cardiac tamponade, hypothermia, pulmonary embolus
<b>How is ROSC assessed? –</b>	Palpable pulse, Rhythm on the monitor

Observation	<b>Asystole Protocol – Action</b>
Child is arrested	Bag & Mask ventilation commenced Start CPR Attached the monitor
How do you confirm the rhythm	Start CPR Attached the monitor
Once asystole rhythm is identified. During the first 2 minutes (0-2min)	Switch on the cardiac monitor & Select the lead 11 & Increase the gain Pause the chest compression Identify the rhythm – Asystole
During 2 <sup>nd</sup> two minutes child is still in asystole 3 – 4 minutes	Re-commence the chest compression Get IV access – RBS, SE Prepare IV adrenaline 0.1ml/kg 1:10,000 & Flush

During 3 <sup>rd</sup> two minutes Sinus rhythm on the monitor but no palpable pulses (5 to 6 minutes)	Pause the chest compression and confirm Asystole Re-commence the chest compression Give IV adrenaline and flush Continue CPR for 2 minutes Look for Hypoxia, hypovolaemia and correct those
During 4 <sup>th</sup> two minutes Sinus tachycardia with moderate pulse (7 to 8 minutes)	Pause the chest compression and confirm sinus rhythm, no palpable pulse Re-commence the chest compression Give IV adrenaline and flush Continue CPR for 2 minutes Look for Hypovolaemia, hypocalcaemia, tension pneumothorax cardiac tamponade, hypothermia, pulmonary embolus and correct those

Observation	VF Protocol - Action
Child is arrested	Bag & Mask ventilation commenced Start CPR Attached the monitor
How do you confirm the rhythm	Start CPR Attached the monitor
VF rhythm is identified. During the first 2 minutes (0 – 2 minutes)	Switch on the cardiac monitor Select the lead 11 Increase the gain Pause the chest compression Identify the rhythm – VF
During 2 <sup>nd</sup> two minutes child is still in VF (3-4 minutes)	Re-commence the chest compression Check the weight Select the energy 4J/kg Place the paddles on the chest after applying gel Pause chest compression and off oxygen Safety check Charge the defibrillation Safety check Discharge the shock Re-commence the chest compression Get IV access – RBS, SE Prepare IV adrenaline 0.1ml/kg 1:10,000 & Flush
During 3 <sup>rd</sup> two minutes Child is still in the VF (5-6 minutes)	Pause the chest compression Identify the rhythm – VF; Check pulse – No pulse Place the paddles on the chest after applying gel Pause chest compression and off oxygen Safety check Charge the defibrillation Safety check Discharge the shock Re-commence the chest compression Administer IV adrenaline 0.1ml/kg 1:10,000 & Flush
During 4 <sup>th</sup> two minutes Sinus tachycardia with moderate pulse (7-8 minutes)	Pause the chest compression Identify the rhythm – sinus; Check pulse – pulse present Omit CPR Continue ventilation Check 4 Hs, 4Ts

