Paediatric Advanced Life Support

Unresponsive?
Not breathing or only occasional gasps

CPR (5 initial breaths then 15:2)
Attach defibrillator/monitor
Minimise interruptions

Call Resuscitation Team
(1 min CPR first, if alone)

Assess rhythm

Shockable
(VF/Pulseless VT)

Non-shockable
(PEA/Asystole)

1 Shock 4 J/Kg

Immediate post cardiac arrest treatment
- Use ABCDE approach
- Controlled oxygenation and ventilation
- Investigations
- Treat precipitating cause
- Temperature control

Immediately resume: CPR for 2 min
Minimise interruptions
At 3rd cycle and 5th cycle consider amiodarone in shock-resistant VF/pVT

IMMEDIATE POST CARDIAC ARREST TREATMENT

DURING CPR
- Ensure high-quality CPR: rate, depth, recoil
- Plan actions before interrupting CPR
- Give oxygen
- Vascular access (intravenous, intraosseous)
- Give adrenaline every 3-5 min
- Consider advanced airway and capnography
- Continuous chest compressions when advanced airway in place
- Correct reversible causes

REVERSIBLE CAUSES
- Hypoxia
- Hypovolaemia
- Hyper/hypokalaemia, metabolic
- Hypothermia
- Thrombosis (coronary or pulmonary)
- Tension pneumothorax
- Tamponade (cardiac)
- Toxic/therapeutic disturbances

www.erc.edu | info@erc.edu
Published October 2015 by European Resuscitation Council vzw, Emile Vanderveldelaan 35, 2845 Niel, Belgium
Copyright: © European Resuscitation Council vzw   Product reference: Poster_PAEDS_PALS_Algorithm_ENG_20150930
Poster_PAEDS_PALS_Algorithm_ENG_V20150924.indd   1
5/10/15   08:39