This document was created by Alex Yartsev (dr.alex.yartsev@gmail.com); if I have used your data or images and forgot to reference you, please email me.

Secondary assessment and emergency treatment

- **Respiratory**
  - Oxygen saturation
  - End tidal Co2
  - Peak flow
  - CXR
  - ABGs
  - Some focussed history
  - **Stridor of croup?** Nebulized adrenaline (5ml of 1:1000)
  - **Drooling?** = epiglottitis, get a senior anaesthetist to intubate
  - **Obvious foreign body inhalation?** Try FB manoeuvres, if they fail move on to direct laryngoscopy and Magills forceps
  - **Anaphylaxis?** IM adrenaline
  - **Children who wheeze have asthma. They need bronchodilators.**
  - **Infants who wheeze have bronchiolitis.** They just need oxygen
- **Cardiovascular**
  - FBCs
  - EUCs
  - ECG
  - Coags
  - **The first bolus of fluid has gone in.** Give another if the first one has failed to yield the desired effect
  - **If the second bolus of fluid is not working**, conside inotropes and CVP monitoring
  - **Give antibiotics to shocked children with no obvious source of fluid loss:** this is probably sepsis
  - **Anaphylaxis?** IM adrenaline 10mcg/kg
  - **ALPROSTADIL** is given to neonates whose shock is due to duct-dependent congenitla cardiac disease
- **Neurological**
  - BSL
  - Urine tox screen
  - **Convulsions =** follow the status epilepticus protocol
  - **Raised ICP? Posturing?**
    - Intubate, aim PCO2 40-45
    - 30 degrees head up, head in line
    - Mannitol 0.25 to 0.5g/kg which is 1.25 to 2.5 ml mannitol 20%, infused over 15 minutes, up to a serum osmolality of 325
  - **Maybe they need cefotaxime or acyclovir**
  - **Consider giving naloxone**
- **Further history**
  - Drugs, allergies, etc