PAEDIATRIC CARDIAC ARREST ALGORITHM

So, your patient has arrested and CPR is in progress. The EMS team arrives and attaches defibrillator leads.

1) **Whats the rhythm? Shockable or non-shockable?**
2) **Shockable rhythm: VF or VT**
   a. **DC shock, 2J per Kg**
   b. **2 mins CPR** while intubating/getting acess
   c. **Check the monitor**
   d. **DC shock 4J per Kg**
   e. **2 minutes CPR** while intubating/getting access
   f. **Check monitor**
   g. **Adrenaline, then DC shock 4J per Kg**
   h. **2 minutes CPR**
   i. **Check monitor**
   j. **Amiodarone, then DC shock 4J per Kg**
   k. **2 minutes CPR**
   l. **Check monitor**
   m. **Go back to adrenaline + DC shock, and so it continues**

4 Hs and 4 Ts
Hypoxia
Hypovolemia
Hypo/hyperthermia
Hypo/hyperkalemia
Tension pneumothorax
Tamponade (cardiac)
Thrombus (cardiac or PE)
Toxins (random drug)

3) **Non-shockable rhythm: Asystole or PEA**
   a. **High flow oxygen**
   b. **CPR** while intubating/getting acess
   c. **Check the monitor every 2 minutes**
   d. **Adrenaline every 3 minutes**

ADRENALINE: 10mcg/kg
AMIODARONE 5mg/kg

NON-SHOCKABLE RHYTHM

Asystole

- The most common arrest rhythm
- This is what happens to the hypoxic child: bradycardia, then asystole

PEA

- This is typically a prelude to asystole
- There may be ain identifiable cause, eg. tension penumothorax

Secondary assessment

- Detailed examination of the body
- Identify wounds / bruising / swelling
- Reexamine ABCs