The structure of pediatric resuscitation

- Things to mention as **"stuff** I **would ask for when waiting for the ambulance to bring me my critically ill child in a bat-call situation where retrieval have notified me well in advance"**
  - Get the kids age
  - Work out the weight
  - Ensure the help is available
  - Get all the likely fluids, drugs and equipment

The sequence of events:

- RESPONSE: unresponsive child = cardiac arrest algorithm
- Primary survey
- Resuscitation
- Secondary survey
- Emergency treatment
- Reassessment (" system control")
- Ongoing stabilization

BASIC LIFE SUPORT

Main thing to remember: hypoxia is the chief cause of cardiac arrest in children;

thus: OXYGEN IS THE CRITICAL STEP
NOT DEFIBRILLATION

- **SAFE approach:**
  - **S**hout for help
  - **A**pproach
  - **F**ree from danger
  - **E**valuate ABCs
- This is a lame way of going through the "DR" part of "DRABC".
- One rescuer does useful resuscitative things, the other one summons the EMS team.
- If the solitary rescuer has no help after 1 minute of CPR, he's got to pause and call the EMS team himself.
- **Shout for help** is not the same as get the EMS team. The EMS team has the defibrillator, and in this situation it is morei important to get some oxygen into the child. THUS: first, you just yell. After a cycle of CPR you call for the EMS team.

When would it be appropriate to contact the EMS people FIRST, and then do CPR?

- **WHEN A HEALTH CHILD HAS A <u>WITNESSED COLLAPSE</u>**
- **WHEN A CHILD WITH KNOWN CARDIAC PROBLEMS HAS A WITNESSED COLLAPSE WITHOUT A BETTER EXPLANATION**
- Basically, whenever you think a defibrillator is critically important

- **?ARE YOU ALRIGHT?** the "R" in DRABC.
  - Weirdly, you ask this question, and THEN you hurt the child.
    Response to pain is what youre after, not words. Wiggling and crying is acceptable.