

Circulation

- ASSESSMENT:
 - Definition of “circulatory failure” is no central pulse for 10 seconds
 - Or when the pulse is slow (< 60) and not perfusing
 - Or... by absence of “signs of circulation”, like cough and gag.
 - INFANTS: feel **brachial and femoral** pulses
 - CHILDREN: carotids, like adults

UNNECESSARY CHEST COMPRESSIONS ARE ALMOST NEVER DAMAGING

- Chest compressions should go 1/3rd of the depth
- Go at the **lower half of the sternum**
 - INFANTS:
 - use **hand-encircling technique: both thumbs** (when there are 2 rescuers)
 - use one-handed 2 finger technique when alone
 - CHILDREN
 - Use the heel of one hand, or both hands like adults

The rate at all ages is 100 per minute

The rate of compressions is 30 to 2 breaths for a single rescuer

The rate of compressions is 15 to 2 breaths for pair of rescuers

- INFANTS should be compressed with two fingers, or both thumbs (encircling technique)
- CHILDREN can have the heel of one hand, or the heels of BOTH hands for big ones
- After 1 minute of CPR, help should have arrived. If not, this is where you pause to call for an EMS team, to bring a defib et cetera.
- DO NOT interrupt compression for any other reason. Coronary perfusion pressure improves the longer the sequence of compressions

Recovery position

- There is no specific position for children
- Stable and lateral is the key

Infection risk from mouth-to-mouth

- There're aren't many reports of people catching things from mouth-to-mouth
- If you are mousing a child with meningococcaemia, you should take **rifampicin or ciprofloxacin**
- You seem to be safe from Hep V or HIV- sputum and saliva are low risk fluids
- In fact you are more likely to give the child YOUR HIV.
- High risk fluids are blood, semen, vaginal secretions, amniotic fluid and peritoneal fluid