

# Flowchart for Management of

# PAEDIATRIC CARDIOPULMONARY RESUSCITATION

## SHOCKABLE

Pulseless Ventricular Tachycardia



Ventricular Fibrillation



DC shock 4 J/kg (max. 200J)

2 min CPR  
Assess rhythm

IO / IV access

DC shock 4 J/kg (max. 200J)

Followed immediately by  
**IV/IO Adrenaline**  
10 micrograms/kg (max. 1mg)  
0.1 mL/kg of 1:10,000

2 min CPR  
Assess rhythm

Secure airway:  
ETT / LMA

DC shock 4 J/kg (max. 200J)

**IV/IO Amiodarone**  
5 mg/kg (max. 300mg)

2 min CPR  
Assess rhythm

DC shock 4 J/kg (max. 200J)

**IV/IO Adrenaline**  
10 micrograms/kg (max. 1mg)

2 min CPR  
Assess rhythm

DC shock 4 J/kg (max. 200J)

2 min CPR  
Assess rhythm

DC shock 4 J/kg (max. 200J)

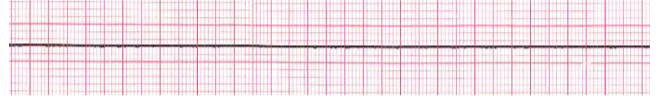
**IV/IO Adrenaline**  
10 micrograms/kg (max. 1mg)

2 min CPR  
Assess rhythm

**CPR**  
15 compressions : 2 breaths  
Minimise interruptions  
Attach monitor  
Assess rhythm

## NON SHOCKABLE

Asystole



PEA



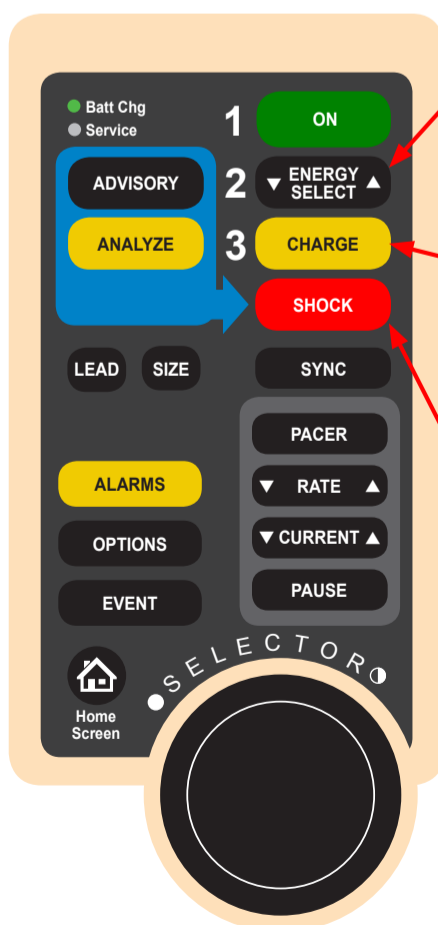
IO / IV access

**IV / IO Adrenaline Immediately**  
10 micrograms/kg (max. 1mg)  
0.1 mL/kg of 1:10,000  
**Then every 4 mins**  
i.e. every 2nd loop

Assess cardiac rhythm every 2 minutes  
If rhythm organised → check pulse

**Secure airway ETT / LMA**  
**Assess End tidal CO<sub>2</sub>**  
NB: End tidal CO<sub>2</sub> will be low in Cardiac Arrest

IO / IV fluids



**1**  
Select Energy  
4 J/kg (max. 200J) for all shocks

**2**  
Press CHARGE  
Continue CPR while charging

**3**  
• Ask everyone to stand clear  
• Reassess rhythm and absence of pulse  
• Press SHOCK  
• Immediately resume CPR for 2 min

### Consider and Correct Reversible Causes

#### 4H's

- Hypoxia
- Hypovolaemia
- Hypo / Hyperthermia
- Hypo / Hyperkalaemia

#### 4T's

- Tamponade (cardiac)
- Tension Pneumothorax
- Toxins / poisons / drugs
- Thrombosis – pulmonary / coronary

Consider IV Na Bicarbonate 8.4% 1mL/kg in cases of:

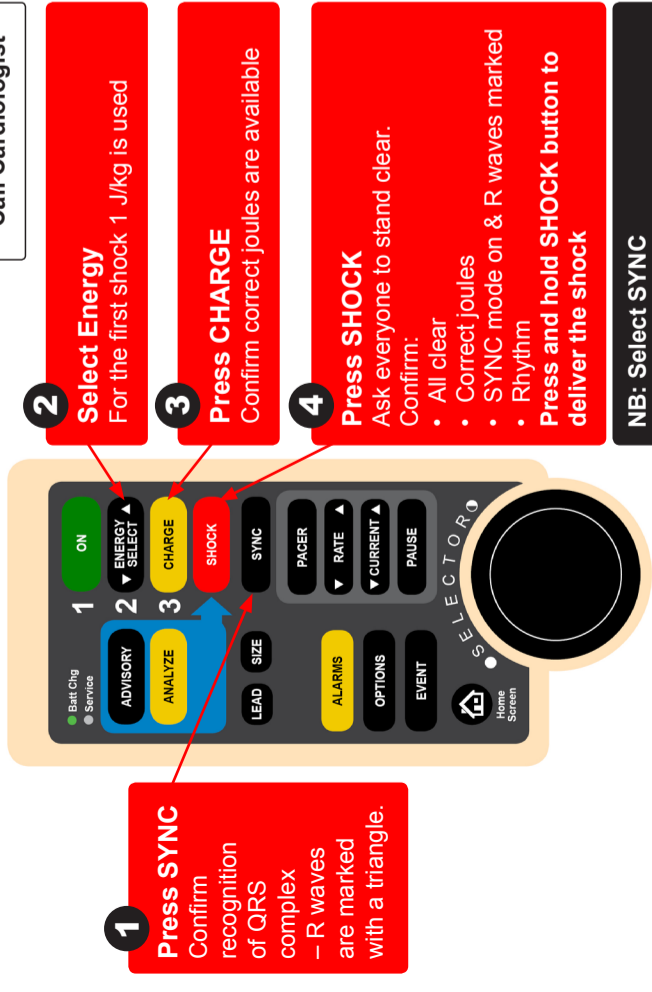
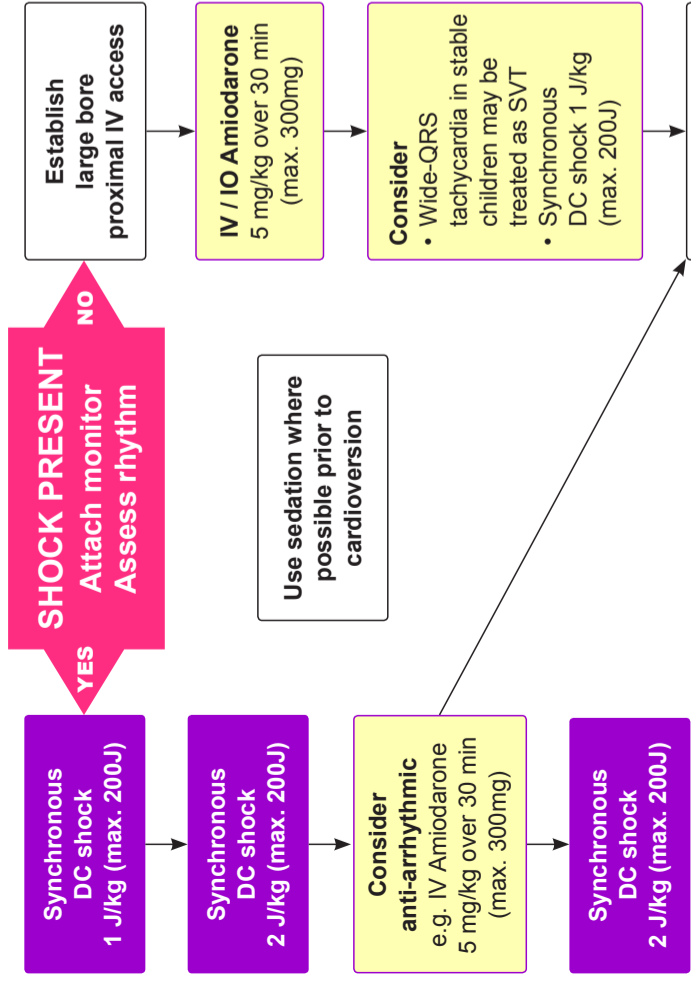
- Severe metabolic acidosis
- Hyperkalaemia

Adapted from: Australian Resuscitation Council Guideline 12.2, 5 Protocols for Paediatric Advanced Life Support December 2010 & ILCOR Guidelines – "Paediatric Basic and Advanced Life Support" in Resuscitation (2010).

# Flowcharts for Management of Paediatric –

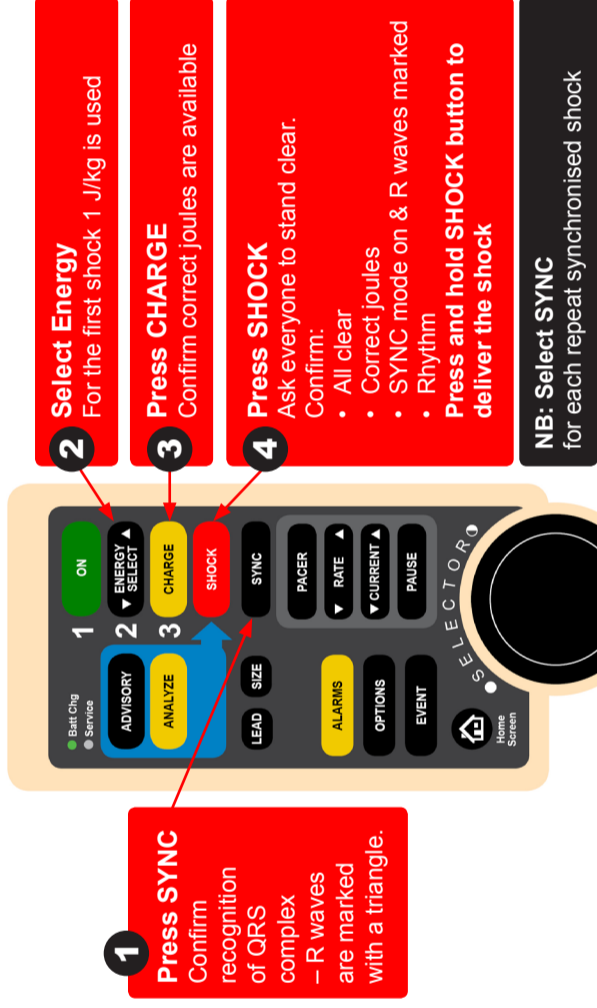
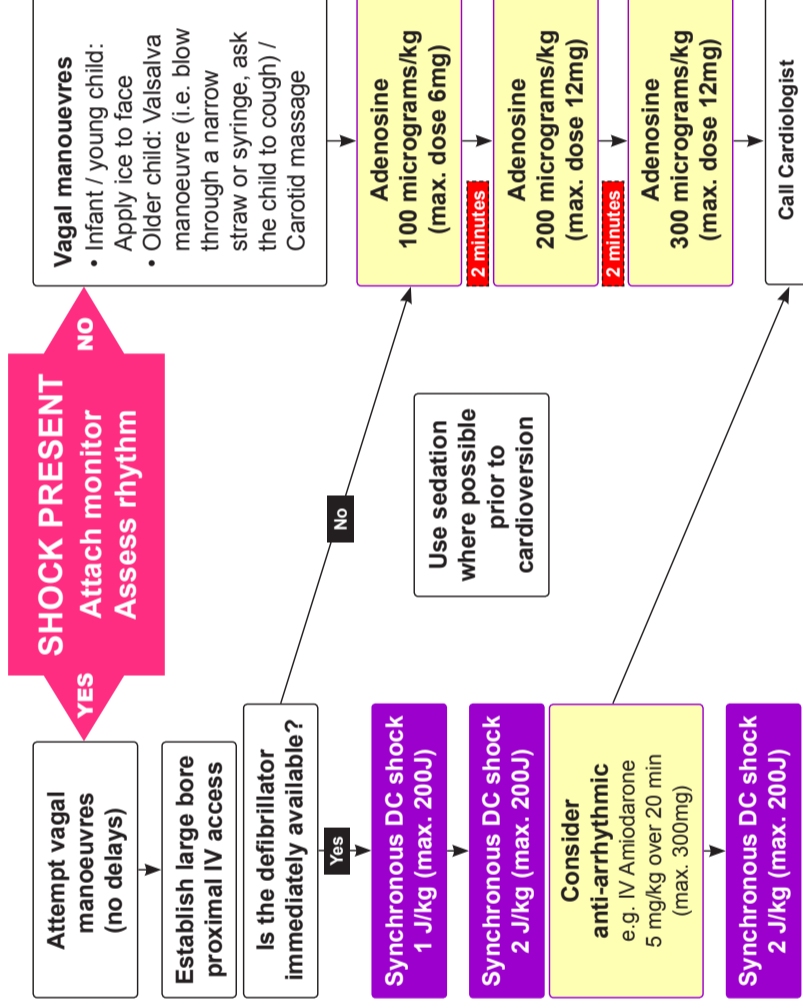
## Ventricular Tachycardia (with a pulse)

**Ventricular Tachycardia**  
**NB:** If no pulse  
 • Commence CPR  
 • 15 compressions : 2 breaths  
 • Continue as cardiac arrest



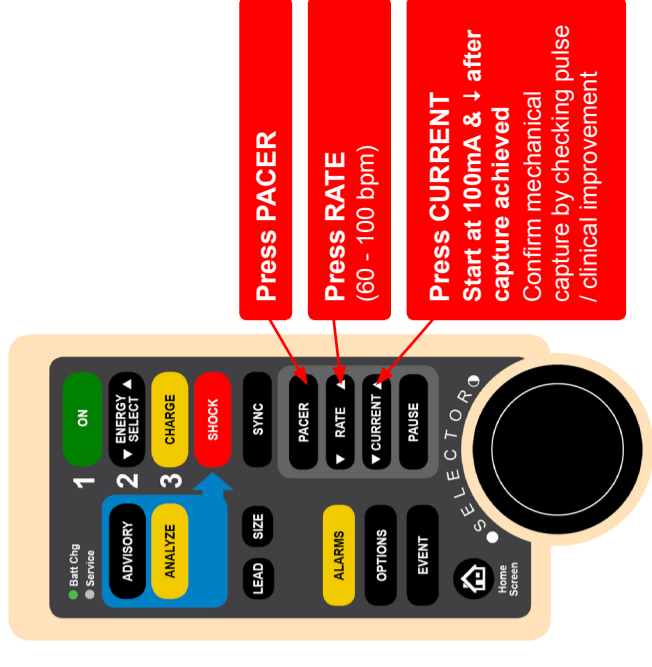
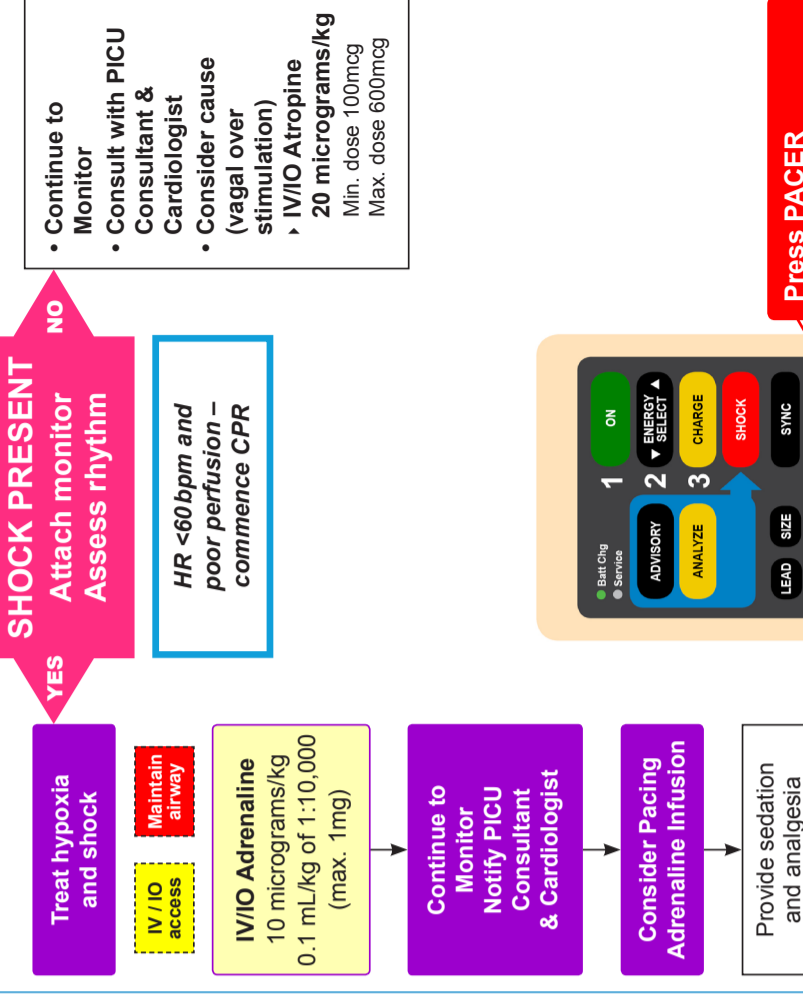
## Supraventricular Tachycardia

**Supraventricular Tachycardia**  
 • P waves absent or abnormal  
 • HR not variable  
 • Infants: Rate >220/min  
 • Children: Rate >200/min



## Bradycardia

**Bradycardia Causes**  
 • Commonly hypoxia – preterminal sign  
 • Raised ICP  
 • Poisoning / toxicological causes  
 • Vagal stimulation



Adapted from: Protocols for Paediatric Advanced Life Support December 2010 & ILCOR Guidelines – 'Debridation and Advanced Life Support' in Resuscitation (2010).

