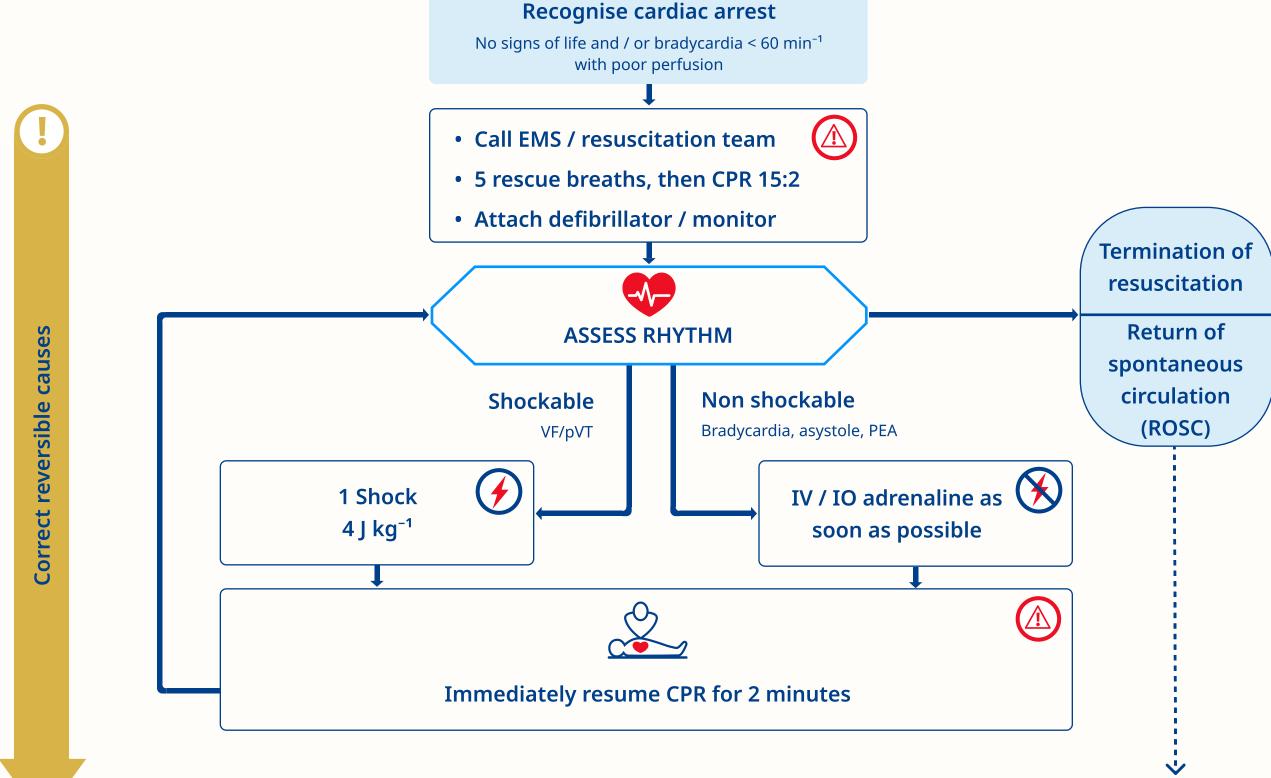
PAEDIATRIC ADVANCED LIFE SUPPORT ALGORITHM







- Hypoxia
- Hypovolaemia
- Hyper-hypokalaemia, -calcaemia, -magnesaemia, hypoglycaemia (metabolic)
- Hyper-hypothermia
- Toxic agents
- Tamponade (cardiac)
- Tension pneumothorax
- Thromboembolism (coronary / pulmonary)



For shockable rhythms

- Continue with shocks every 2 minutes at 4 J kg⁻¹
- If necessary, escalate to up to 8 J kg⁻¹, max 360 J for refractory VF / pVT (from the 5th shock)

IV / IO Adrenaline 10 μg kg⁻¹ (max 1 mg)

- After 4 minutes
- Every 4 minutes thereafter

IV / IO Amiodarone

- 5 mg kg⁻¹ (max 300 mg) after 3rd shock
- 5 mg kg⁻¹ (max 150 mg) after 5th shock



For non-shockable rhythms

IV / IO Adrenaline 10 μg kg⁻¹ (max 1 mg) every 4 minutes (alternate cycles)



During CPR

- High quality chest compressions: rate, depth, recoil
- BMV with 100% oxygen (2-person technique)
- Continuous chest compressions if a TT / SGA is placed. Ventilate at rate of 25 (< 1 y), 20 (1-8 y), 15 (8-12 y) or 10 (> 12 y) per minute



Immediate Post ROSC

- ABCDE approach
- Controlled oxygenation (SpO₂ 94-98%) and ventilation (PaCO₂ 4.6-6 kPa (35-45 mmHg))
- Maintain systolic and mean BP > 10th percentile for age
- Avoid / manage hyperthermia
- Check glucose (aim for normal blood glucose)
- Treat precipitating causes