

Immediate Management



IF Paediatric CARDIAC ARREST
Pulseless Electrical Activity, PEA

- ALS GUIDELINES for non-shockable rhythms
- 0.1 mL/kg of 1:10,000 (10 mcg/kg) I.V. Adrenaline
- Repeat 1-4 minutely prn
- Immediately start CPR. 20 mL/kg Crystalloid

DR

Danger and Diagnosis
Response to stimulus

- Unresponsive hypotension or bronchospasm
- Remove triggers e.g. chlorhexidine, synthetic colloid
- Stop procedure. Use minimal volatile if GA

S

Send for help and
organise team

- Call for Help and Anaphylaxis box
- Assign a designated Leader and Scribe
- Assign a Reader of this card

AB

Check/Secure Airway
Breathing - 100% oxygen

- Intubate early: airway oedema
CVS/Respiratory compromise
- Confirm FiO₂ 100%

C

Rapid fluid bolus
Plan for large volume
resuscitation

- If hypotensive: Elevate legs
- Bolus 20 mL/kg Crystalloid, Repeat as needed
- Large bore I.V. Access. Warm I.V. fluids if possible

D

Adrenaline Bolus
Repeat as needed
Prepare Infusion

Initial I.V. Adrenaline Bolus (Paediatric)
Dilution 1 mg in 50 mL = 20 mcg/mL

- Give dose below every 1-2 minutes prn
- Increase dose if unresponsive

I.M. Adrenaline (Paediatric)

No I.V. access or haemodynamic monitoring
OR awaiting Adrenaline Infusion

1:1000 1mg/mL lateral thigh

< 6 years = 0.15 mL (150 mcg)

6-12 years = 0.3 mL (300 mcg)

Every 5 minutes prn

Moderate
(Grade 2)

0.1 mL/kg
2 mcg/kg

Life Threatening
(Grade 3)

0.2-0.5 mL/kg
4-10 mcg/kg

Paediatric Adrenaline Infusion

Commence infusion as soon as possible

Can be administered peripherally

1 mg Adrenaline in 50 mL (20 mcg/mL)

Commence at 0.3 mL/kg/hr (0.1 mcg/kg/min)

Titrate to max. 6 mL/kg/hr (2 mcg/kg/min)

IF NOT RESPONDING see 'Paediatric Refractory Management'