

Paediatric Cardiorespiratory Arrest

Basic CPR
Compression - Ventilation Ratio 30: 2

Advanced CPR
Compression - Ventilation Ratio 15: 2

Attach Defibrillator – ECG Monitor

Assess Rhythm

Shockable
VF / Pulseless VT

Non-Shockable
PEA / Asystole

One DC Shock¹
Biphasic or
Monophasic
2J/kg

Immediate
CPR 2 min

One DC Shock²
Biphasic or
Monophasic
4J/kg

Immediate
CPR 2 min

During CPR

Check electrode/paddle positions & contact
Attempt/verify/secure IV / IO access
Correct Reversible Causes

- Hypoxaemia
- Hypovolaemia
- Hypo/Hyperkalaemia
- Hypo/Hyperthermia
- Tamponade
- Tension pneumothorax
- Toxins / Poisons / DrugsS
- Thromboembolism

Consider:

Intubation / Advanced Airway
Vasopressor
Adrenaline 10 mcg/kg every 3 min
Antiarrhythmic
Amiodarone 5 mg/kg OR
Lignocaine 1 mg/kg for VF/VT.
Magnesium 0.1 - 0.2 mmol/kg for
Torsade de pointes

Buffer

NaHCO₃ 1 mmol/kg
Atropine 20mcg/kg + Pacing
(for asystole & severe bradycardia)

Adrenaline
10 mcg/kg IV / IO

Continue
CPR 2 min



¹ For witnessed arrest, give up to 3 stacked shocks (2,4,4 J/Kg) at first defibrillation attempt.

² If further shocks are needed these should be single shocks 4J/kg.