### 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 minutes prn
- Immediately start CPR. 20 mL/kg Crystalloid

### Danger and Diagnosis

**Response to stimulus**

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

### Send for help and organise team

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

### Check/Secure Airway

**Breathing - 100% oxygen**

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

### 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

### Adrenaline Bolus

**Repeat as needed**

**Prepare Infusion**

- 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

**Paediatric Adrenaline Infusion**

- Commence infusion as soon as possible
- Can be administered peripherally

**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

<table>
<thead>
<tr>
<th>Grade</th>
<th>Dose</th>
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<tbody>
<tr>
<td><strong>Life Threatening</strong> (Grade 3)</td>
<td>0.2-0.5 mL/kg 4-10 mcg/kg</td>
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<tr>
<td><strong>Moderate</strong> (Grade 2)</td>
<td>0.1 mL/kg 2 mcg/kg</td>
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**Commence infusion as soon as possible**

- 1 mg Adrenaline in 50 mL (20 mcg/mL)
- Commence at 0.3 mL/kg/hr
- Titrate to max. 6 mL/kg/hr

- (0.1 mcg/kg/min)
- (2 mcg/kg/min)

### IF NOT RESPONDING see ‘Paediatric Refractory Management’