



Pediatric Advanced Life Support

2010 Guideline Updates

A-B-C to C-A-B

- Circulation-Airway-Breathing
 - quickly initiating chest compressions

Chest Compression Changes

- During CPR:
 - depress the *infant* sternum approximately 4 cm and the *child* sternum approximately 5 cm, allowing the chest to completely recoil (1/3 to 1/2 the A/P diameter)
 - at least 100 compressions per minute
 - One rescuer: 2 breaths : 30 compressions
 - Two rescuers: 2 breaths : 15 compressions
 - give 8-10 breaths per minute or one breath every 6-8 seconds with advanced airway
- Checking a pulse should require less than 10 seconds

Quantitative Waveform Capnography

- Recommended for confirmation and monitoring of ET tube placement
- Provides a monitor of effective chest compressions
- CO₂ detectors and capnography are for ET placement and to monitor CPR
- Providers must always assess tracheal tube placement by using an ETCO₂ detector as additional primary confirmation

New Medication Protocols

- Amiodarone
 - is now recommended for treatment of VF/pulseless VT
- Intraosseous
 - is now recommended for drug therapy, it can be used on all ages
- Lidocaine
 - is now being deemphasized

Emergency Care Priorities

- The use of advanced airways, gaining vascular access, and administering drugs does not take priority over high quality CPR and access to immediate defibrillation
- Endotracheal Tube
 - may be used in infants and children using caution with cuff inflation pressure
- LMA or King Airway

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- if the healthcare provider is not proficient to intubate
- AED
 - Adult AED's may now be used on children and infants if pediatric pads are not available
- Defibrillation for VF or pulseless VT
 - patients should be initially shocked with 2-4 J/kg
- Comatose
 - try to keep patient between 32°C -34°C for 12-24 hours

Post-cardiac Arrest Care

- O₂ saturation
 - maintain oxygen saturation between 94%-99%
- Shock
 - consider 20 mL/kg IV/IO boluses of isotonic crystalloid
 - if poor cardiac function is suspected
 - consider 10 mL/kg
 - consider inotropic and/or vasopressor support for fluid-refractory shock