

# Pediatric Basic and Advanced Life Support

## Just the Facts: Recap



High-quality CPR is the foundation of resuscitation.

- Make sure you have adequate compression rate and depth.
- Allow for full chest recoil.
- Minimize interruptions.



Give early epinephrine for patients in nonshockable rhythms.

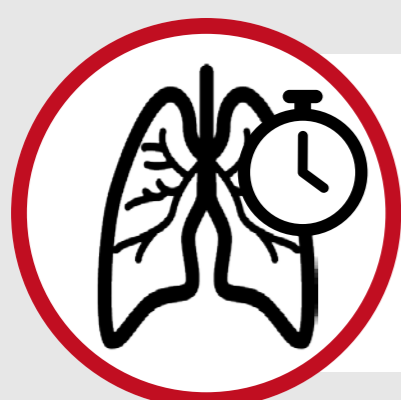
- Early epinephrine in patients with nonshockable rhythms improves the likelihood of survival.



Use naloxone in opioid overdose.

- Naloxone will reverse only respiratory arrest due to opioid overdose.
- There is no evidence for use in cardiac arrest.

## Airway Management



1. Aim for a rate of 20 to 30 breaths per minute.

**Why?** New guidelines suggest that this is the ideal rate for all infants and children receiving CPR with advanced airway in place or rescue breathing.



2. Do not underestimate bag-mask ventilation.

**Why?** For out-of-hospital cardiac arrest, bag-mask ventilation results in the same resuscitation outcomes as advanced airway interventions such as endotracheal intubation.



3. Consider a cuffed endotracheal tube.

**Why?** A cuffed endotracheal tube decreases the need for endotracheal tube changes.



4. Do not routinely use cricoid pressure.

**Why?** The routine use of cricoid pressure does not reduce the risk of regurgitation during bag-mask ventilation and may impede intubation success.

## Post-Cardiac Arrest Care

Resuscitation does not end with ROSC.

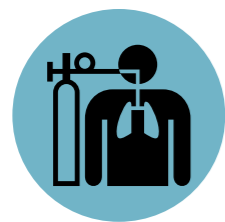
For all, ensure prevention and treatment of



Hypotension



Hypercapnia and hypocapnia



Hyperoxia and hypoxia

For children who do not regain consciousness, consider



Targeted temperature management



Continuous EEG monitoring



Delaying prognosis decisions until at least 72 hours after return to normal temperature

After cardiac arrest, survivors can have physical, cognitive, and emotional challenges and may need ongoing therapies and interventions.