



2020 Interim Training Materials: PEARS® Provider Manual Changes

Purpose

These instructions will help update the current *PEARS Provider Manual* with science from the *2020 American Heart Association Guidelines for Cardiopulmonary Resuscitation (CPR) and Emergency Cardiovascular Care*.

Provider Manual Changes

Print these materials and give to students to help them know where to change the information in their provider manual:

1. Pediatric Chains of Survival

2020 Changes

- A new in-hospital cardiac arrest Chain of Survival for pediatrics was added, and it has the sixth link, for recovery.
- A sixth link, recovery, was added to both of the out-of-hospital Chains of Survival (adult and pediatric).
 - The process of recovery from cardiac arrest extends long after the initial hospitalization. Support is needed during recovery to ensure optimal physical, cognitive, and emotional well-being and return to social/role functioning. This process should be initiated during the initial hospitalization and continue for as long as needed.

Apply Here

- **Part 2: Review of BLS and AED for Infants and Children**
 - Overview: Pediatric Chain of Survival, video discussion

2. Infant Compressions

2020 Changes

- Single rescuer: use 2 fingers, 2 thumbs, or the heel of 1 hand for infants.
 - For infants, single rescuers (whether lay rescuers or healthcare providers) should compress the sternum with 2 fingers or 2 thumbs placed just below the nipple line.
 - For infants, if the rescuer is unable to achieve guideline-recommended depths (at least one third the diameter of the chest), it may be reasonable to use the heel of 1 hand.

Apply Here

- **Part 2: Review of BLS and AED for Infants and Children**
 - Overview: Pediatric Chain of Survival
 - Section: Begin High-Quality CPR, Starting With Chest Compressions
 - Section: Infant (1 Rescuer): 2-Finger Technique
- **Appendix**
 - PEARS Infant CPR Skills Testing Checklist

3. Septic Shock Treatment

2020 Changes

- Administer fluid—10 mL/kg to 20 mL/kg aliquots—with frequent reassessment.
- It is reasonable to use either epinephrine or norepinephrine as an initial vasoactive infusion; if neither is available, dopamine can be considered.



- If the patient is still unresponsive to fluids and requiring vasoactive support, it may be reasonable to consider stress-dose corticosteroids.

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- **Part 11: Shock Case Discussions**
 - Section: Pediatric Management of Shock Flowchart
- **Part 14: Putting It All Together**
 - Section: Pediatric Management of Shock Flowchart
- **Appendix**
 - Pediatric Management of Shock Flowchart

4. Hypoglycemia

2020 Change

- For children with suspected hypoglycemia who are awake but unwilling to swallow oral glucose, it may be reasonable to apply a slurry of granulated sugar and water under the tongue.

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- **Part 10: Management of Shock Emergencies**
 - Section: Management of Hypoglycemia