

Management of Paediatric Patients Post Return of Spontaneous Circulation

Immediately post ROSC

AIRWAY AND BREATHING

- Intubate with cuffed endotracheal tube
- Continuous waveform capnography
- Target SpO₂ 92-95%
- Ventilate to normocarbida (ETCO₂ 4.5-5.5 KPa)

CARDIOVASCULAR

- Secure IV/IO access x 2
- Continuous ECG monitoring
- Achieve blood pressure target with:
 - 5-10ml/kg fluid boluses titrated to response
 - Adrenaline infusion: 0.05-0.3microgram/kg/min
- Check glucose and correct hypoglycaemia with 2ml/kg 10% glucose bolus

SYSTOLIC BP TARGETS

Term Neonate	> 65
Infant (< 1 year)	> 70
1-4 years	> 75
5-10 years	> 80
11-15 years	> 90
16+ years	> 100

Discuss patient with SORT (phone 023 8077 5502)

30 minutes post ROSC

TREATMENT TARGETS BY 30 MINUTES POST ROSC

- Sedate with morphine and midazolam infusions (*see SORT drug calculator*)
- Send bloods for:
 - Gas (capillary, arterial or venous)
 - Blood Cultures
 - FBC, U+Es, Coagulation, LFTs, CRP, Mg, Ammonia
- Give broad spectrum antibiotics (+ Aciclovir if < 1 month)
- Chest X-ray
- Correct electrolytes (*see SORT guidelines*)
- Neuroprotect (30 degrees head up [midline], keep sedated & muscle relaxed)

60 minutes post ROSC

TREATMENT TARGETS BY 60 MINUTES POST ROSC

- 12 lead ECG (*SORT will liaise with cardiology if required*)
- Normalise glucose 4-10 mmol/L
- Avoid hyperthermia (keep temperature < 37°C)
- Arterial line and central line if possible
- Monitor IO needle site and remove once adequate venous access secure
- Urinary catheter and NG tube
- Point of care ultrasound if expertise available (lung, heart, head, abdomen)
- CT head if indicated
- Chase investigations

ADDITIONAL MANAGEMENT TASKS PRE RETRIEVAL

- Ensure documentation complete and photocopy notes
- Update family
- Update SORT team with any major clinical changes
- Ensure all radiology image linked to Oxford or Southampton

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