

Guideline for the Care 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
- Continuous ECG monitoring
- Achieve blood pressure target with:
 - 5-10ml/kg fluid boluses titrated to response
 - Adrenaline infusion (0.05-0.3mcg/kg/min)
- Check glucose and correct hypoglycaemia with 2ml/kg 10% glucose

SYSTOLIC BLOOD PRESSURE 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 (SORT drug calculator)
- Send bloods for:
 - Gas (capillary, arterial or venous)
 - Blood Cultures
 - FBC, U+Es, Coag, 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], use muscle relaxant)

60 minutes post ROSC

TREATMENT TARGETS BY 60 MINUTES POST ROSC

- 12 lead ECG (SORT to liaise with cardiology)
- Normalise glucose 4-10 mmol/L
- Avoid hyperthermia (< 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