

For All Sudden Cardiac Arrests

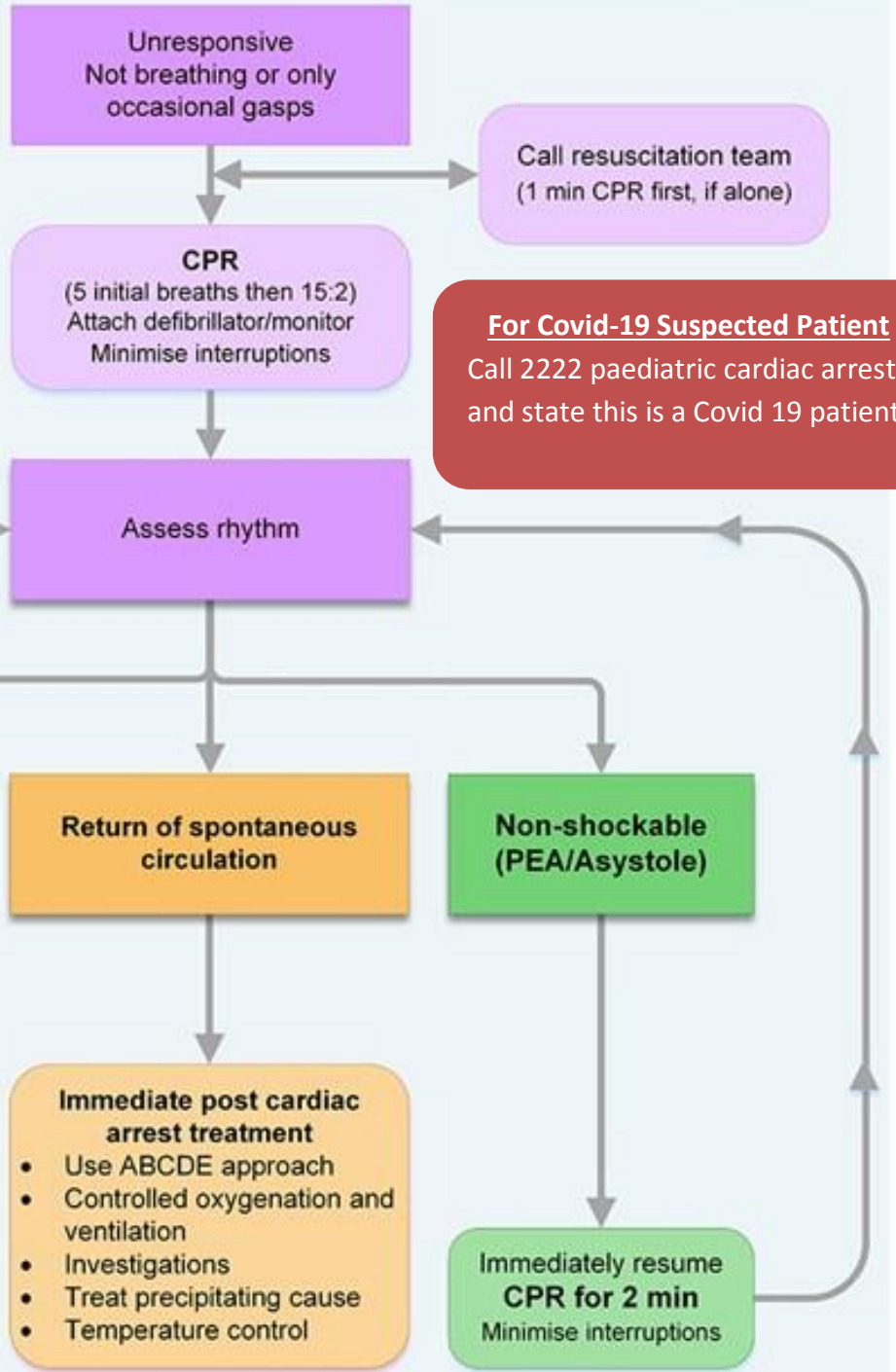
Do not attempt Resuscitation unless wearing FULL PPE inc FFP 3 Mask and eye protection.

Staff should only use the airway skills for which they have been trained i.e. BVM

Intubation of the patient by trained personnel is recommended rather than use of LMA/iGel

If patient is connected to Defib or the defib is close to hand, attach pads and deliver shock as indicated before Full PPE is donned or CPR is commenced

Do not disconnect ventilator or BVM to deliver Shock



For Covid-19 Suspected Patient
Call 2222 paediatric cardiac arrest
and state this is a Covid 19 patient

- During CPR**
- Ensure high-quality CPR: rate, depth, recoil
 - Plan actions before interrupting CPR
 - Give oxygen
 - Vascular access (intravenous, intraosseous)
 - Give adrenaline every 3-5 min
 - Consider advanced airway and capnography
 - Continuous chest compressions when advanced airway in place
 - Correct reversible causes
 - Consider amiodarone after 3 and 5 shocks

- Reversible Causes**
- Hypoxia
 - Hypovolaemia
 - Hyper/hypokalaemia, metabolic
 - Hypothermia
 - Thrombosis (coronary or pulmonary)
 - Tension pneumothorax
 - Tamponade (cardiac)
 - Toxic/therapeutic disturbances