

Algoritmo RCP pediatrica 2015

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6-7 NOVEMBRE 2015 PARMA

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LE NUOVE LINEE GUIDA 2015 DELLA RIANIMAZIONE CARDIOPOLMONARE

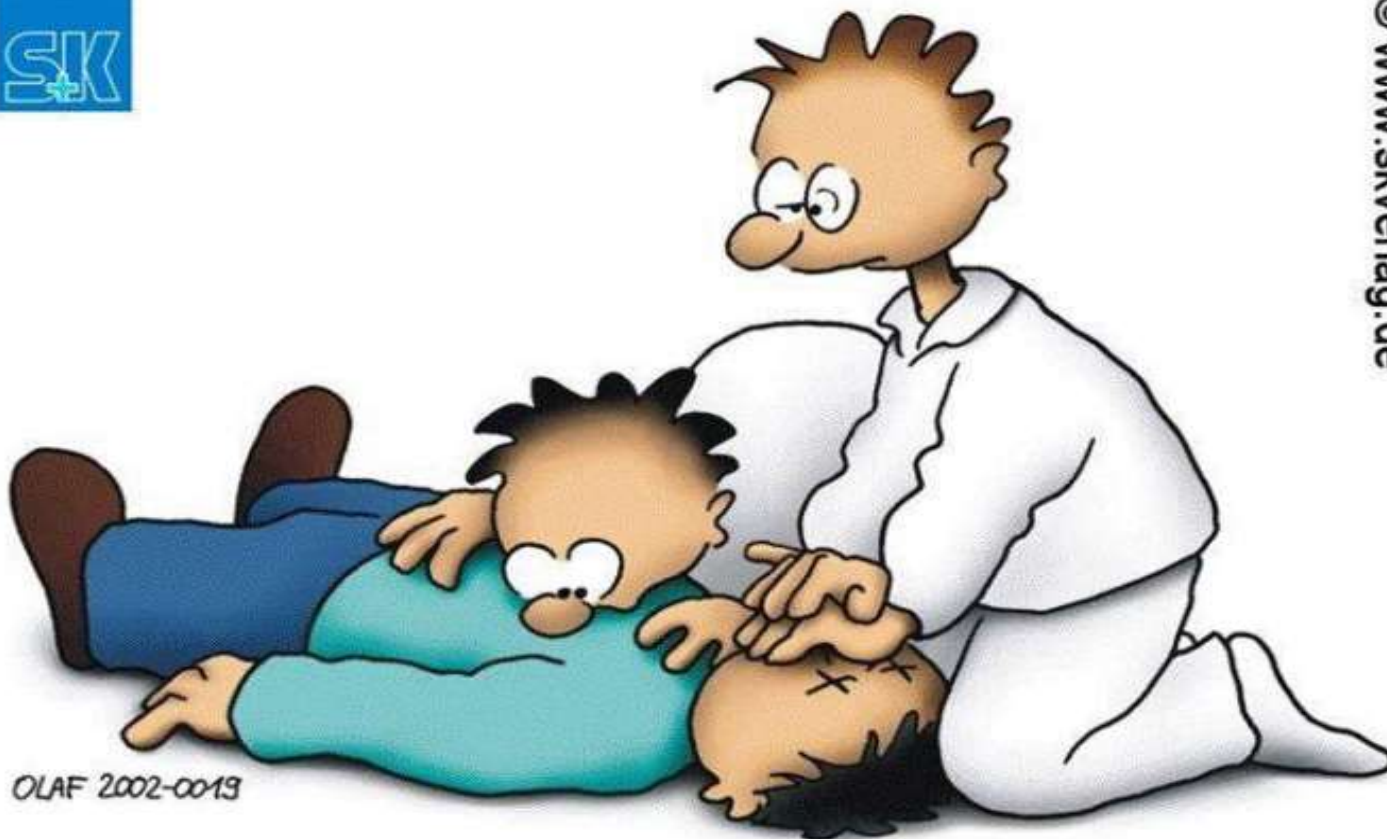


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Dyslexic CPR



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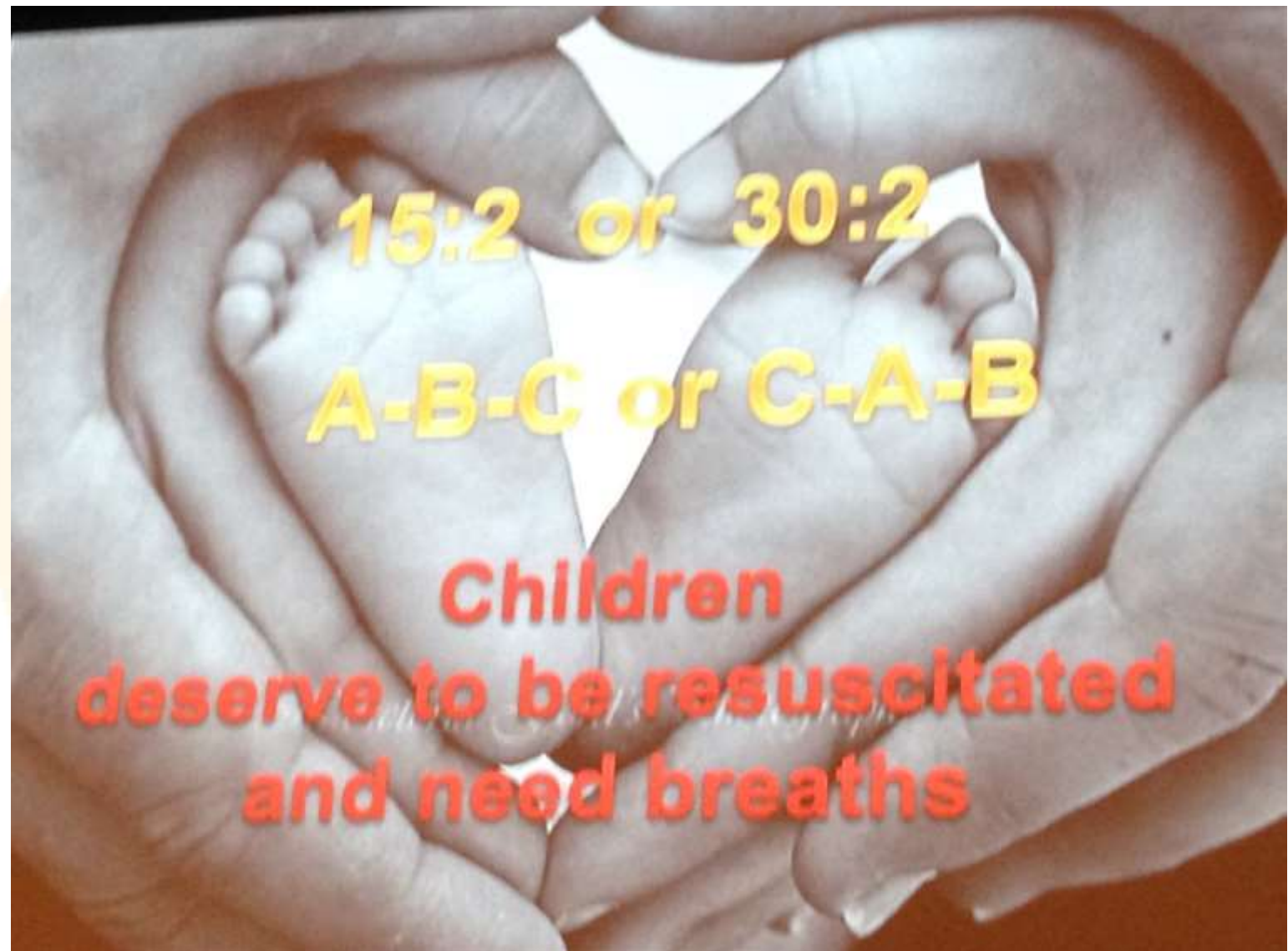
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Fig. 6.1. Paediatric basic life support algorithm.



15:2 or 30:2

A-B-C or C-A-B

**Children
deserve to be resuscitated
and need breaths**

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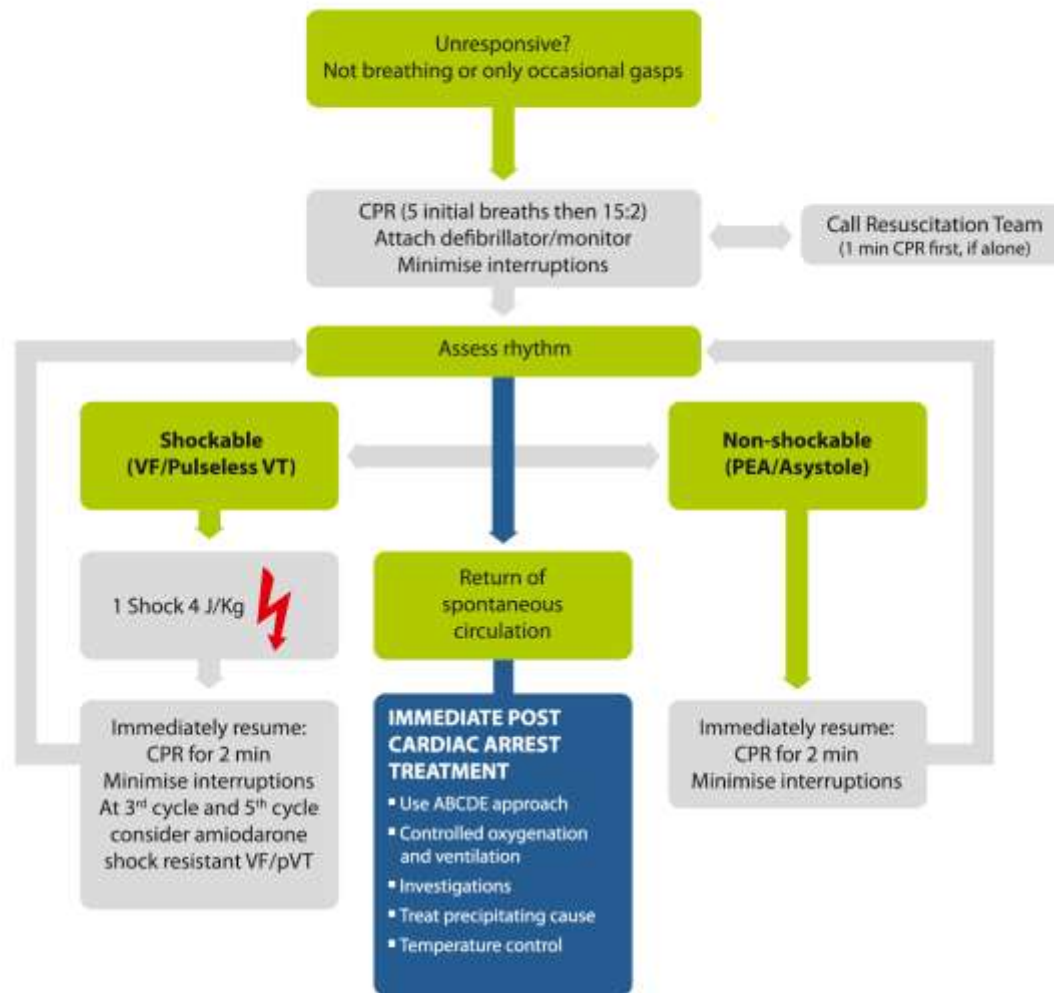
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Paediatric Advanced Life Support



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

REVERSIBLE CAUSES

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

Fig. 6.9. Paediatric advanced life support algorithm.

Advanced management of cardiopulmonary arrest

A, B and C: Commence and continue with basic life support.

- A and B Oxygenate and ventilate with BMV
- Provide positive pressure ventilation with a high concentration of inspired oxygen (100%)
 - Establish cardiac monitoring
 - Avoid rescuer fatigue by frequently changing the rescuer performing chest compressions
- C Assess cardiac rhythm and signs of life
(+ check for a central pulse for no more than 10 s)
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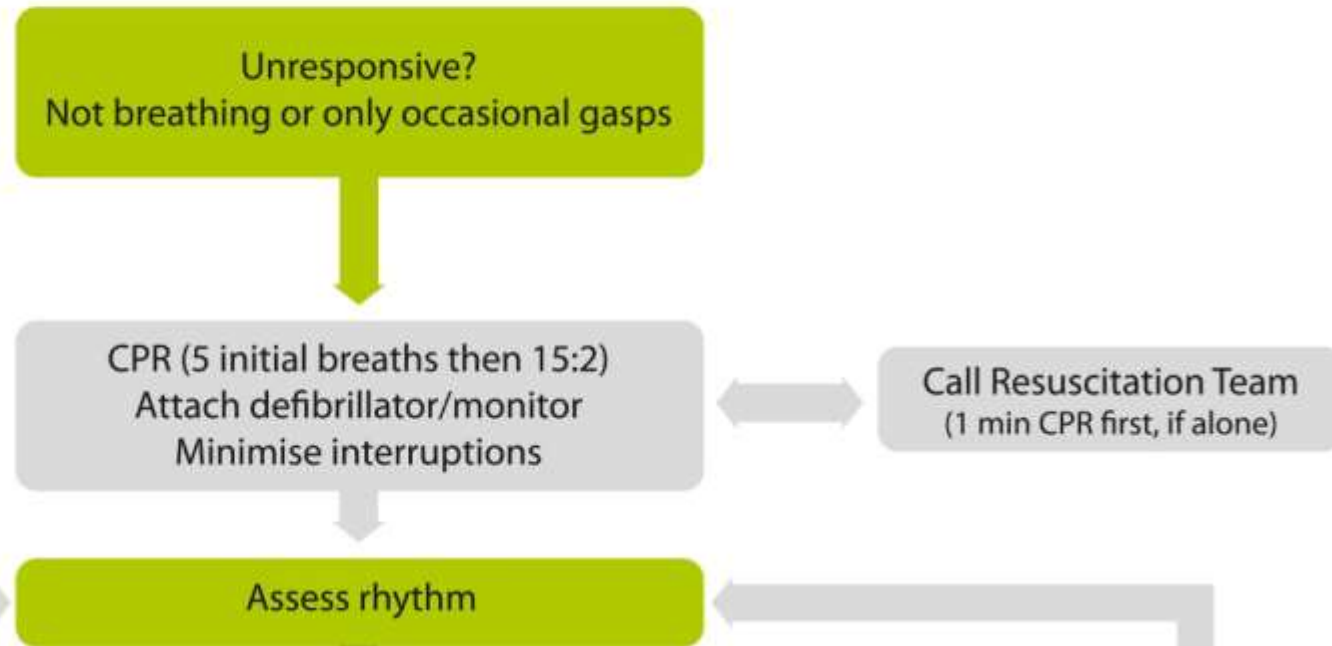
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Paediatric Advanced Life Support



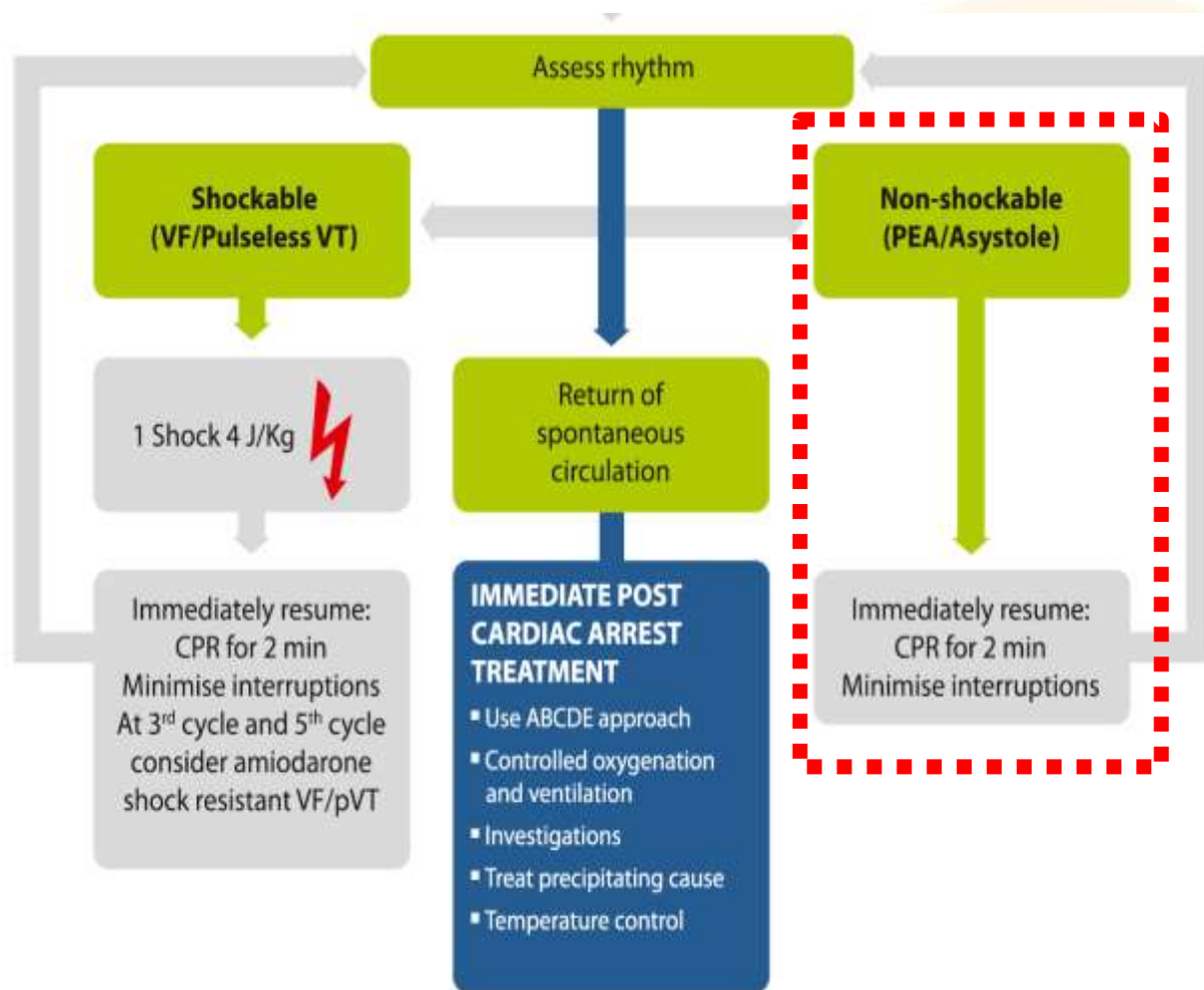
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CARDIAC ARREST: NON SHOCKABLE RHYTHM

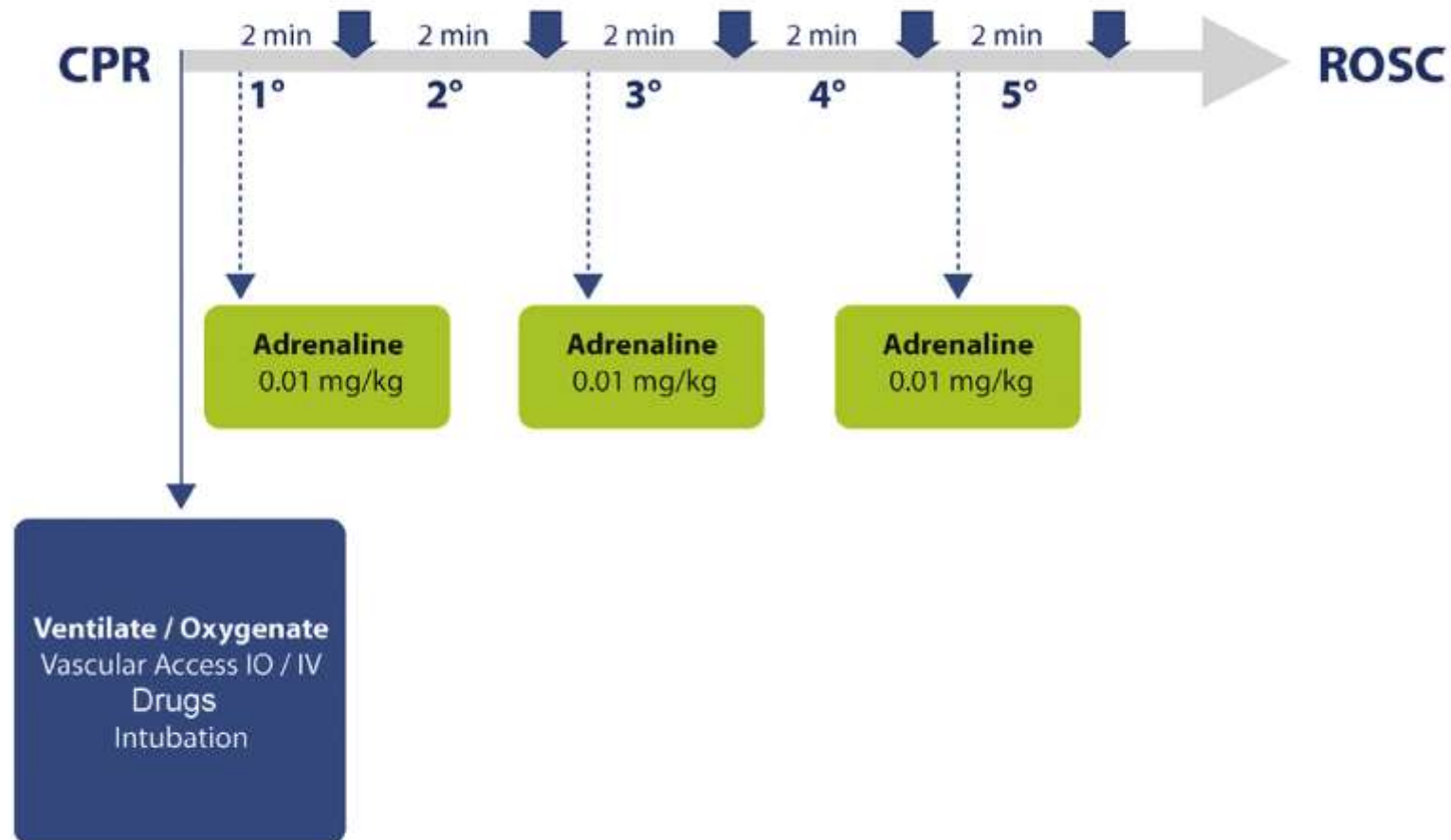
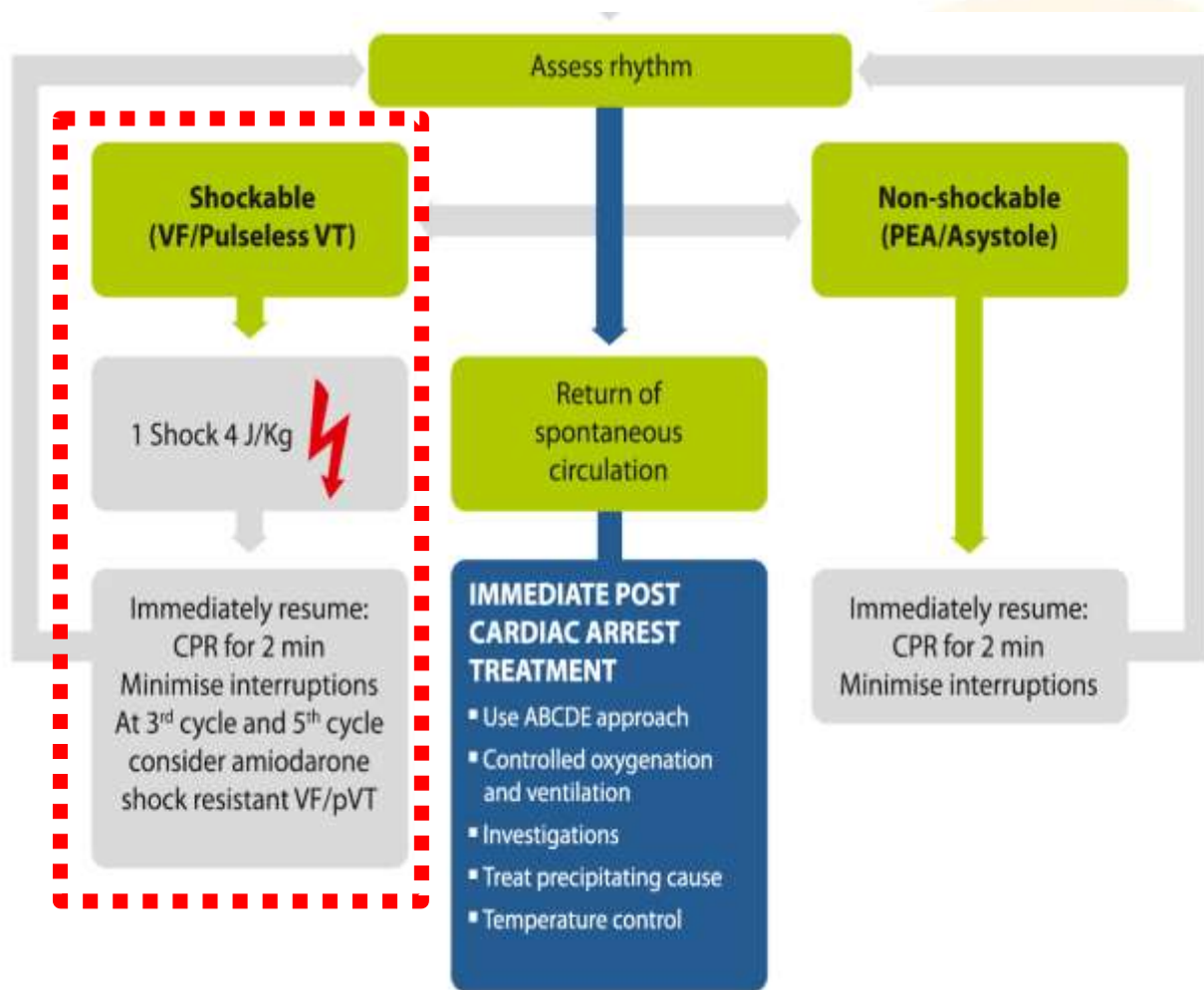


Fig. 6.10. Paediatric algorithm for non-shockable rhythm.



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CARDIAC ARREST – SHOCKABLE RHYTHM

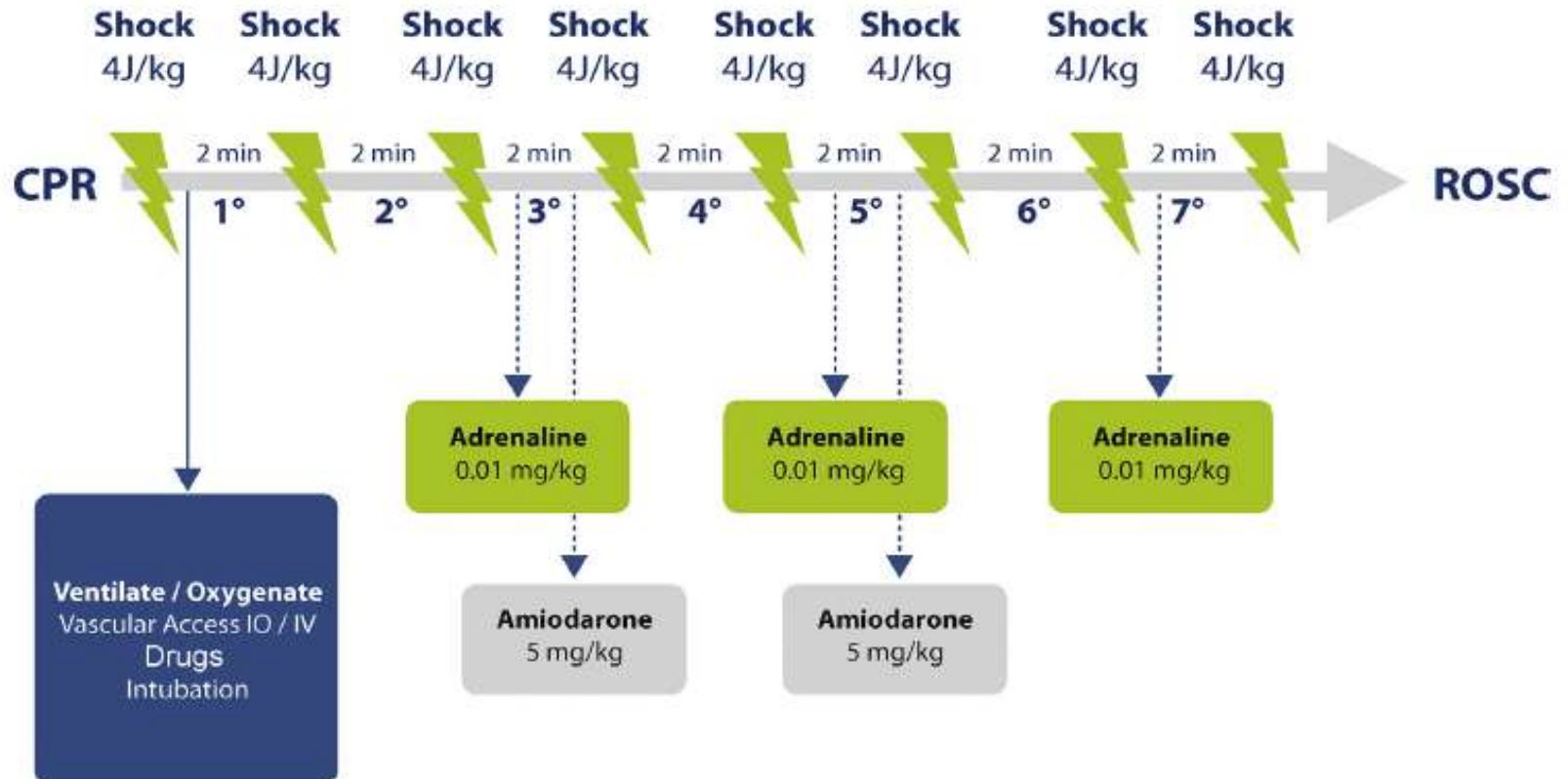


Fig. 6.11. Paediatric algorithm for shockable rhythm.

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“Un picnic mozzafiato”

DI REDAZIONE · 18 OTTOBRE 2015



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