

1. 20cc/kg for children
2. 10cc/kg for newborns
3. 0.01mg/kg or 0.1cc/kg of the 1:10,000 concentration
4. 0.01mg/kg or 0.1cc/kg of the 1:10,000 concentration-can use high dose epinephrine at 0.1cc/kg of 1:1,1000 but this is being “de-emphasized” in the new PALS guidelines
5. 0.1mg/kg or 0.1cc/kg of the 1:1,000 concentration
6. 0.02mg/kg
7. 0.1mg total minimum dose
8. Adenosine 0.1mg/kg, maximum first dose of 6mg
9. 0.2mg/kg with maximum of 12mg
10. 0.5-1J/kg -double the subsequent dose
11. V. Fib
12. Shock, shock shock- 2J/kg then 4J/kg and followed by another 4J/kg. If no success, intubate, start IV and compressions. Give epinephrine either IV or ET whichever is in first, shock again with 4 J/kg after 30 seconds of compressions to let drug circulate. Repeat epi every 5 minutes. Can give lidocaine 1mg/kg followed by another 4J shock. Max dose of lidocaine 3 mg/kg. Amiodarone- 5mg/kg bolus, or Magnesium 25-50 mg/kg for Torsades. .Remember to follow each drug intervention with a 4J/kg shock.
13. Defibrillate
14. Lidocaine, 1mg/kg, amiodarone 5mg/kg over 20-60 minutes or procainamide 15mg/kg IV over 30-60 minutes
15. Cardioversion, 0.5-1J/kg, double the subsequent dose
16. 5 H's and 5 T's- hypovolemia, hyperkalemia, hypothermia, hyper H+(acidosis), hypoxia
Tension pneumothorax, cardiac tamponade, toxins, thrombus in heart, thrombus in lung (PE)
17. Epinephrine
18. Respiratory arrest
19. Epinephrine
20. All drugs are given on a kg basis. In order to avoid medication errors it is better to record the initial triage weight in kilograms.
21. 60 BPM-new PALS guidelines (old was 80 BPM)
22. 60 BPM
23. 220 BPM
24. 180 BPM
25. $90 + (2 \times \text{age in years})$ this gives the 50th percentile for weight. PALS teaches $70 + (2 \times \text{age in years})$ which is only the 5th percentile.
26. 8 years

New American Heart Association Pediatric (PALS) Resuscitation Changes

1. Lay person no longer needs to feel for a pulse before beginning CPR in the unconscious victim. For unconscious patients with FB occlusion-start CPR
2. “Phone fast”- CPR is initiated in the child less than 8 years of age, since the most common cause of arrest is respiratory. For patients over the age of 8 “Phone first” to activate EMS and get help. There are 4 settings in which the patient over 8 years of age should receive one

minute of CPR before phoning for help: **submersion-near drowning. poisoning or drug overdose, trauma, respiratory arrest

3. Strong emphasis on BVM ventilation based on the Gausche airway study showing BVM outcome was better than intubation outcome when performed by Prehospital providers.
4. Preferred method for CPR is the thumb-hand technique (wrap your hands around the infant's chest and back, and use the thumbs to compress the chest over the sternum). Better compressions are achieved with this method. The other method is the 2 finger approach.
5. Use an AED (automated external defibrillator) in children over 8 years of age.
6. IO lines used to be recommended only for pediatric patients less than 6 years of age, the new AHA recommendation is to use it in all age groups.
7. Try vagal maneuvers while preparing for drug therapy or cardioversion for patients with SVT. Old guidelines did not mention these maneuvers. Orbital compression, however, is not recommended.
8. Try amiodarone for refractory SVT, pulseless VT and VF. Dose is 5mg/kg IV/IO given as a rapid bolus. For perfusing tachycardias use a loading dose of 5mg/kg infused over 20-60 minutes(maximum dose of 15mg/kg/day).
9. High dose epinephrine is no longer recommended. The standard IV dose of 0.1cc/kg (0.01mg/kg) of 1:10,000 concentration and ETT dose of 0.1cc/kg (0.1mg/kg) of 1:1000 concentration should be used. High dose can be considered.
10. Post-resuscitation care no longer recommends hyperventilation. Normal ventilation should be maintained
11. LMA can be used as an airway adjunct in pediatric patients (this modality was not available in the early 1990's)
12. Neonatal resuscitation: start CPR for absent HR or HR less than 60 BPM if spite of assisted ventilation for 30 seconds.
13. Do not suction the trachea of a vigorous infant with meconium staining regardless of how thick the meconium is.