

ERC Guidelines 2021 for Peds

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Recommendations

- Covers 0-18 years old – patients who look like an adult should be treated as an adult
- Oxygen titrated to SpO₂ 94-98% - if in doubt high flow
- 5 rescue breaths then CPR
- Two thumb chest encircling technique for infant chest compressions
- 2 person BVM ventilations –if intubated 10-25 breaths per minute age appropriate

5 TOP MESSAGES

*0-18y, except newborns 'at birth'

- 1.** Use ABCDE as common language
- Work as a team – Be competent.
- 2.** Titrate oxygen therapy to SpO₂ 94-98%
- only if impossible to measure, start high flow O₂
based on signs of circulatory/respiratory failure.
- 3.** In 'shock', give 1 or more fluid bolus(es) of
10ml/kg of (preferably balanced) crystalloids
(or blood products). Reassess after each bolus.
Start vasoactive drugs early.
- 4.** For basic life support, use the specific PBLS
algorithm (ABC - 15:2) if you are trained to do
so. Both improving the quality of CPR and
limiting the hands-off time are considered crucial.
Consider provider safety.
- 5.** For advanced life support, use the specific PALS
algorithm. Actively search for and treat reversible
causes. Use 2-person BMV as the first line ventilatory
support. Only if intubated, provide asynchronous
ventilation at an age-dependent rate (10-25/').

- Compression depth – $\frac{1}{3}$ AP depth of the chest not to exceed 6 cm – approx. adult thumb length
- Compression rate – 100-120 compressions per minute
- Compression:ventilation ratio (duty cycle) – 15:2

CPR Playlist

