



# Actualització en emergències pediàtriques

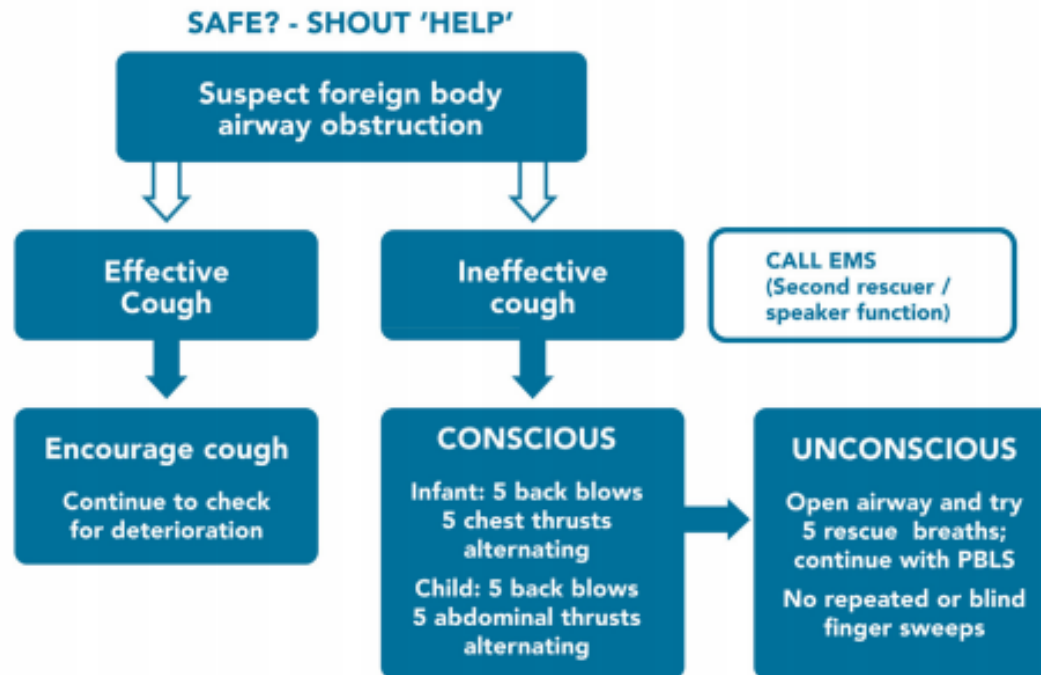
# SVAP

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# OVACE

## PAEDIATRIC FOREIGN BODY AIRWAY OBSTRUCTION



If obstruction relieved: urgent medical follow-up

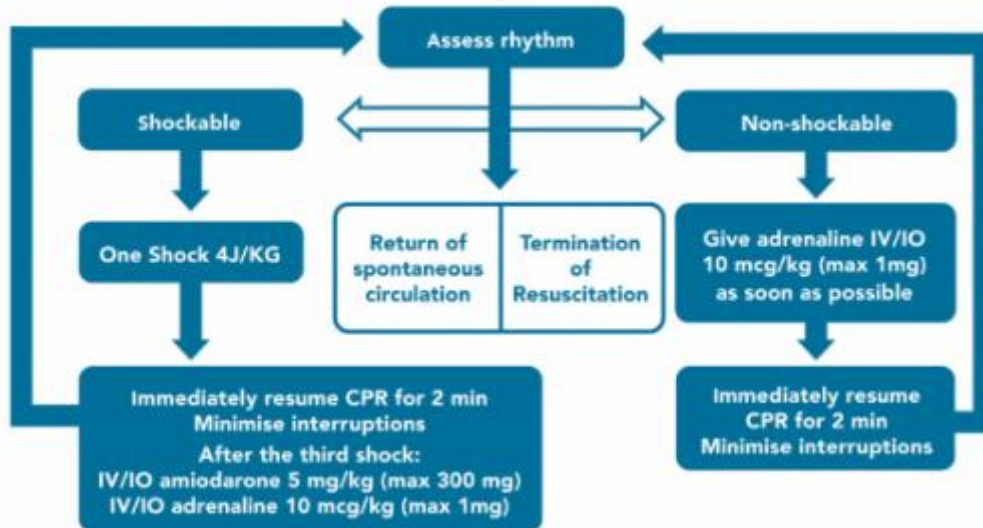
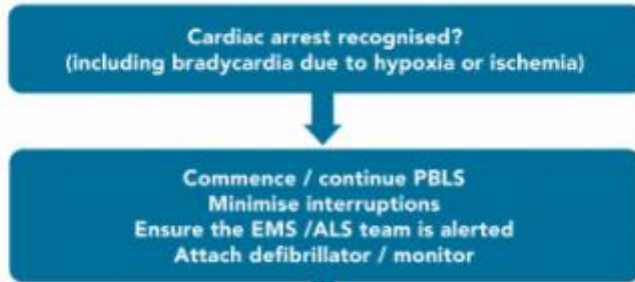


# Actualización guías ERC 2021

## PAEDIATRIC ADVANCED LIFE SUPPORT



SAFE? - SHOUT 'HELP'



### DURING CPR

- Ensure high-quality CPR: rate, depth, recoil
- Provide bag-mask ventilation with 100% oxygen (2-person approach)
- Avoid hyperventilation
- Vascular access (intravenous, intraosseous)
- Once started, give adrenaline every 3-5 min
- Flush after each drug
- Repeat amiodarone 5 mg/kg (max 150mg) after the 5th shock
- Consider an advanced airway and capnography (if competent)
- Provide continuous compressions when a tracheal tube is in place. Ventilate at a rate of 25 (infants) – 20 (1-8y) – 15 (8-12y) or 10 (>12y) per minute
- Consider stepwise escalating shock dose (max 8J/kg – max 360J) for refractory VF/pVT (≥6 shocks)

### CORRECT REVERSIBLE CAUSES

- Hypoxia
- Hypovolaemia
- Hyper/hypokalaemia, -calcaemia, -magnesium; Hypoglycaemia
- Hypothermia - hyperthermia
- Toxic agents
- Tension pneumothorax
- Tamponade (cardiac)
- Thrombosis (coronary or pulmonary)

ADJUST ALGORITHM IN SPECIFIC SETTINGS (E.G. TRAUMA, E-CPR)

### IMMEDIATE POST ROSC

- ABCDE approach
- Controlled oxygenation (SpO<sub>2</sub> 94-98%) & ventilation (normocapnia)
- Avoid hypotension
- Treat precipitating causes



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**Table 1 – Normal values for age: respiratory rate.**

| Respiratory rate for age    | 1 month | 1 year | 2 year | 5 year | 10 year |
|-----------------------------|---------|--------|--------|--------|---------|
| Upper limit of normal range | 60      | 50     | 40     | 30     | 25      |
| Lower limit of normal range | 25      | 20     | 18     | 17     | 14      |

**Table 2 – Normal values for age: heart rate.**

| Heart rate for age          | 1 month | 1 year | 2 year | 5 year | 10 year |
|-----------------------------|---------|--------|--------|--------|---------|
| Upper limit of normal range | 180     | 170    | 160    | 140    | 120     |
| Lower limit of normal range | 110     | 100    | 90     | 70     | 60      |

**Table 3 – Normal values for age: systolic and mean arterial blood pressure (MAP). Fifth (p5) and fiftieth (p50) percentile for age.**

| Blood pressure for age | 1 month | 1 year | 5 year | 10 year |
|------------------------|---------|--------|--------|---------|
| p50 for systolic BP    | 75      | 95     | 100    | 110     |
| p5 for systolic BP     | 50      | 70     | 75     | 80      |
| p50 for MAP            | 55      | 70     | 75     | 75      |
| p5 for MAP             | 40      | 50     | 55     | 55      |

| EDAD | PESO (kg) | FC      | FR    | TAS                  | TAM                 |
|------|-----------|---------|-------|----------------------|---------------------|
| 1 m  | 3-4       | 110-180 | 25-60 | 75 (p50)<br>50 (p5)  | 55 (p50)<br>40 (p5) |
| 1 a  | 10        | 100-170 | 20-50 | 95 (p50)<br>70 (p5)  | 70 (p50)<br>50 (p5) |
| 5 a  | 20-25     | 70-140  | 17-30 | 100 (p50)<br>75 (p5) | 75 (p50)<br>55 (p5) |
| 10 a | 30        | 60-120  | 14-25 | 110 (p50)<br>80 (p5) | 75 (p50)<br>55 (p5) |



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- Administrar volumen 10 ml/kg
- No administrar bicarbonato ni calcio de rutina.
- Comprimir 1/3 del diámetro anteroposterior de tórax, FC 100-120, FR límite bajo de la normalidad (lactantes 25 rpm, >1a 20 rpm, >8a 15 rpm, >12a 10 rpm).
- Objetivo saturación paciente grave 94-98%



# Puntos clave

- Priorizar ventilación
- Uso de bolsa autoinflable grande en lactantes y niños.
- Optimizar la ventilación: posición, aspiración de secreciones, sonda gástrica.
- Vía intraósea (En EZ-IO, de elección la azul)

## Nº TOT:

-Edad/4 +4

-Distancia: nº tubo x 3

Adrenalina 0,1 ml/kg (1:10.000)

SSF 10 ml/kg



**Gracias**