



Read the complete 2015 AHA Guidelines at this link:
<https://eccguidelines.heart.org/index.php/circulation/cpr-ecc-guidelines-2/>

1



Fluids in Sepsis

An initial fluid bolus of 20cc/kg is reasonable. Further fluid resuscitation should be tailored to the individual patient, with frequent reassessment, recognizing that over aggressive fluid resuscitation may be harmful in resource limited settings.

Routine atropine unnecessary

Current Evidence does not support ROUTINE use of pre-intubation doses of atropine for critically ill children and non-neonatal infants requiring emergency intubation. Of course, however, use it if there is bradycardia.



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No minimum atropine dose

If you do use atropine prior to a non-emergency intubation, 0.02mg/kg is effective. Don't worry about under-dosing!

Avoid fever & control temp

Temperature control & fever management is important for comatose children after out-of-hospital cardiac arrest. Moderate hypothermia (32° to 34° C) or normothermia (36° to 37.5° C) are both reasonable.



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Amiodarone OR lidocaine

Both anti-arrhythmics are acceptable for treatment of shock-refractory VF or pulseless VT in pediatric patients.

From: <https://eccguidelines.heart.org/index.php/circulation/cpr-ecc-guidelines-2/>
* For more Canadian content by the HSFC, check out <http://goo.gl/fHu8lc>

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Special thanks to Laurie Morrison and the American Heart Association.

