Summary

2015 AHA Pediatric Advanced Life Support Changes

Chest compression rate

- Push at a rate of 100 to 120 compressions per minute for infants and children.

Ventilation during CPR with an advanced airway

- It may be reasonable for the provider to deliver 1 breath every 6 seconds (10 breaths per minute) while continuous chest compressions are being performed (ie, during CPR with an advanced airway).

Recommendations for fluid resuscitation

- For children in shock, an initial fluid bolus of 20 mL/kg is reasonable. However, for children with febrile illness in settings with limited access to critical care resources (ie, mechanical ventilation and inotropic support), administration of bolus IV fluids should be undertaken with extreme caution, as it may be harmful. Individualized treatment and frequent clinical reassessment are emphasized.

Atropine for endotracheal intubation

- There is no evidence to support the routine use of atropine as a premedication to prevent bradycardia in emergency pediatric intubations. It may be considered in situations where there is an increased risk of bradycardia. There is no evidence to support a minimum dose of atropine when used as a premedication for emergency intubation.

Antiarrhythmic medications for shock-refractory VF or pulseless VT

- Amiodarone or lidocaine is equally acceptable for the treatment of shock-refractory ventricular fibrillation (VF) or pulseless ventricular tachycardia (pVT).

Targeted temperature management

- For children who are comatose in the first several days after cardiac arrest (in-hospital or out-of-hospital), temperature should be monitored continuously and fever should be treated aggressively.

- For comatose children resuscitated from OHCA, it is reasonable for caretakers to maintain either 5 days of normothermia (36°C to 37.5°C) or 2 days of initial, continuous hypothermia (32°C to 34°C) followed by 3 days of normothermia.

- For children remaining comatose after IHCA, there are insufficient data to recommend hypothermia over normothermia.