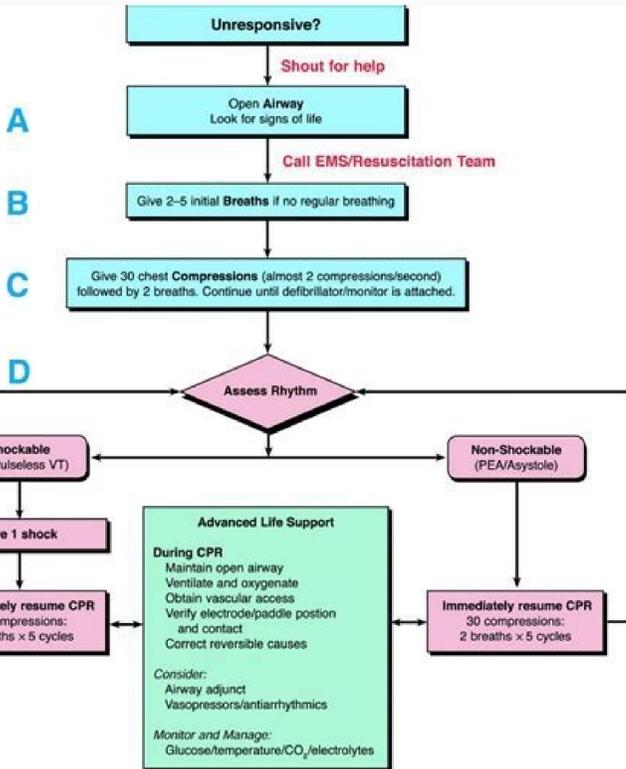


I'm not robot  reCAPTCHA

**Open**

1- Check the scene safety

The scene must be safe and no threat on rescuer



1. Initial Assessment  
2. Scene Safety  
3. Check for Responsiveness  
4. Call for Help  
5. Airway  
6. Breathing  
7. Circulation  
8. Disability  
9. Exposure  
10. Reassessment  
11. Transport  
12. Handover  
13. Documentation  
14. Patient Care  
15. Teamwork  
16. Communication  
17. Leadership  
18. Problem Solving  
19. Decision Making  
20. Time Management  
21. Resource Management  
22. Risk Management  
23. Quality Improvement  
24. Patient Safety  
25. Professionalism  
26. Ethics  
27. Legal Issues  
28. Infection Control  
29. Personal Protective Equipment  
30. Hand Hygiene  
31. Aseptic Technique  
32. Instrumentation  
33. Suture Techniques  
34. Wound Care  
35. Burn Care  
36. Laceration Repair  
37. Fracture Management  
38. Splinting  
39. Immobilization  
40. Triage  
41. Disaster Preparedness  
42. Mass Casualty Incidents  
43. Critical Incident Debriefing  
44. Resilience  
45. Stress Management  
46. Physical Fitness  
47. Nutrition  
48. Sleep Hygiene  
49. Substance Use  
50. Mental Health  
51. Suicide Prevention  
52. Crisis Intervention  
53. Community Health  
54. Public Health  
55. Epidemiology  
56. Biostatistics  
57. Evidence-Based Practice  
58. Research  
59. Quality Improvement  
60. Patient Safety  
61. Accreditation  
62. Regulatory Compliance  
63. Infection Control  
64. Patient Education  
65. Health Promotion  
66. Tobacco Cessation  
67. Alcohol Use  
68. Sexual Health  
69. Reproductive Health  
70. Geriatrics  
71. Pediatrics  
72. Obstetrics  
73. Gynecology  
74. Endocrinology  
75. Cardiology  
76. Pulmonology  
77. Nephrology  
78. Hematology  
79. Oncology  
80. Neurology  
81. Psychiatry  
82. Psychology  
83. Behavioral Health  
84. Substance Use  
85. Palliative Care  
86. Hospice  
87. Long-Term Care  
88. Home Care  
89. Telemedicine  
90. Digital Health  
91. Health Informatics  
92. Biomedical Research  
93. Translational Research  
94. Clinical Trials  
95. Regulatory Affairs  
96. Medical Devices  
97. Pharmaceuticals  
98. Biotechnology  
99. Healthcare Policy  
100. Global Health



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.



2

3



## 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.



4

5



## 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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## MEDALION SZKOLENIA

### Resuscytacja kilkuletniego dziecka w kontekście COVID-19

- Oceń bezpieczeństwo** → Jeżeli masz dostęp do rękawiczek jednorazowych - założ je
- Sprawdź przytomność**
- brak kontaktu?** → Brak reakcji na dotyk i wołanie
- Zawołaj o pomoc**
- Odchyl głowę do tyłu** → Nachyl się do twarzy dziecka
- Oceń oddech przez 10 sek.** → Widzę ruch klatki piersiowej  
Słyszę szmery oddechowe  
Czuję ruch powietrza na policzku
- brak oznak normalnego oddechu?**
- Wykonaj 5 oddechów ratunkowych** → Delikatnie, do widocznego uniesienia klatki piersiowej
- nałóż brak oznak normalnego oddechu?**
- Dzwoń 112 / 999** → Poinformuj Dyspozytora o ryzyku zakażenia!  
Jeżeli jesteś sam najpierw wykonaj przez 1 min. uciski i oddechy
- 30 ucisków** → Jedną ręką na środek kl. piersiowej, na głębokość 1/3 kl. piersiowej, ok. 2 razy na 1 sekundę
- 2 oddechy ↔ 30 ucisków** → Powtarzaj na przemian
- Użyj AED** → Dla dzieci między 1-8 r.ż. zaleca się użycia funkcji pediatrycznej, powyżej 8 r.ż. - w klasycznym trybie
- po skończonej akcji**
- Umyj ręce** → Dokładnie, wodą i mydłem lub środkiem odkażającym
- Zgłoś się do Sanepidu**

Opracowano na podstawie:  
Resuscitation Council UK (resus.org.uk)  
Medycyna Praktyczna (mp.pl)  
AHA (eccguidelines.heart.org)

