



Mi Universidad

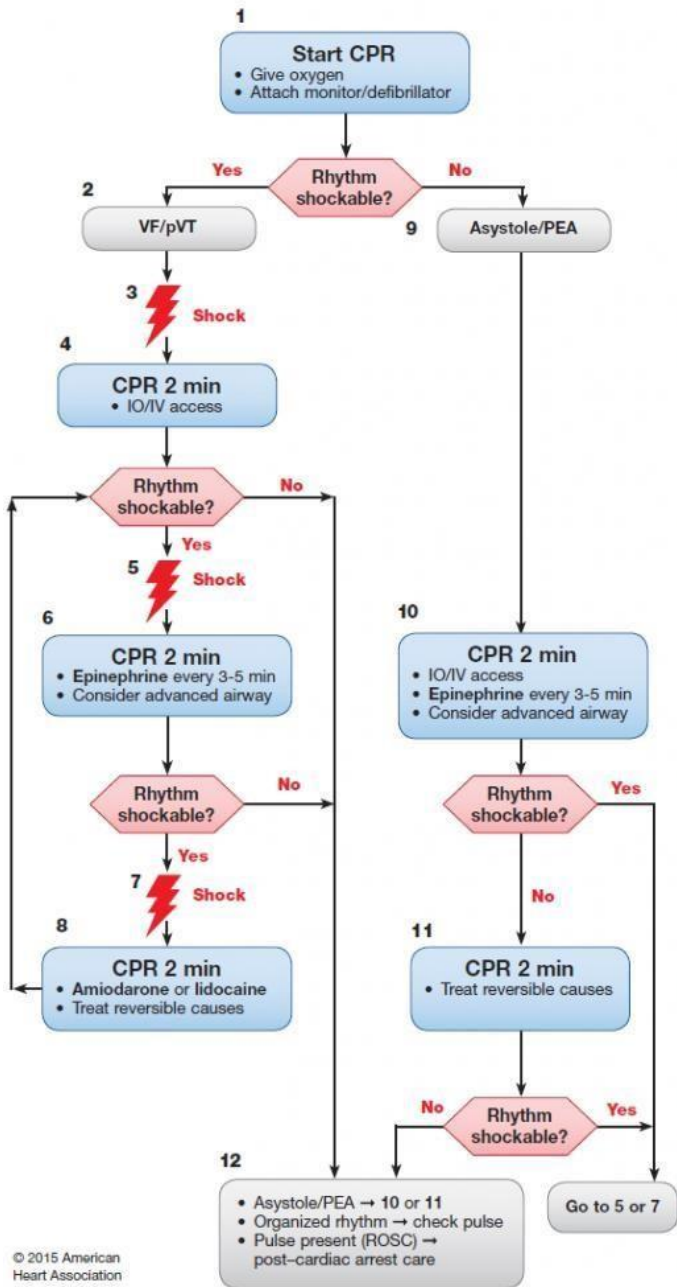
Nombre del Alumno: Hiber Alejandro Aguilar Hernández

Nombre de la Materia: ENFERMERIA EN URGENCIAS Y DESASTRES

Nombre del profesor: MARCOS JHODANY ARGUELLO GALVEZ

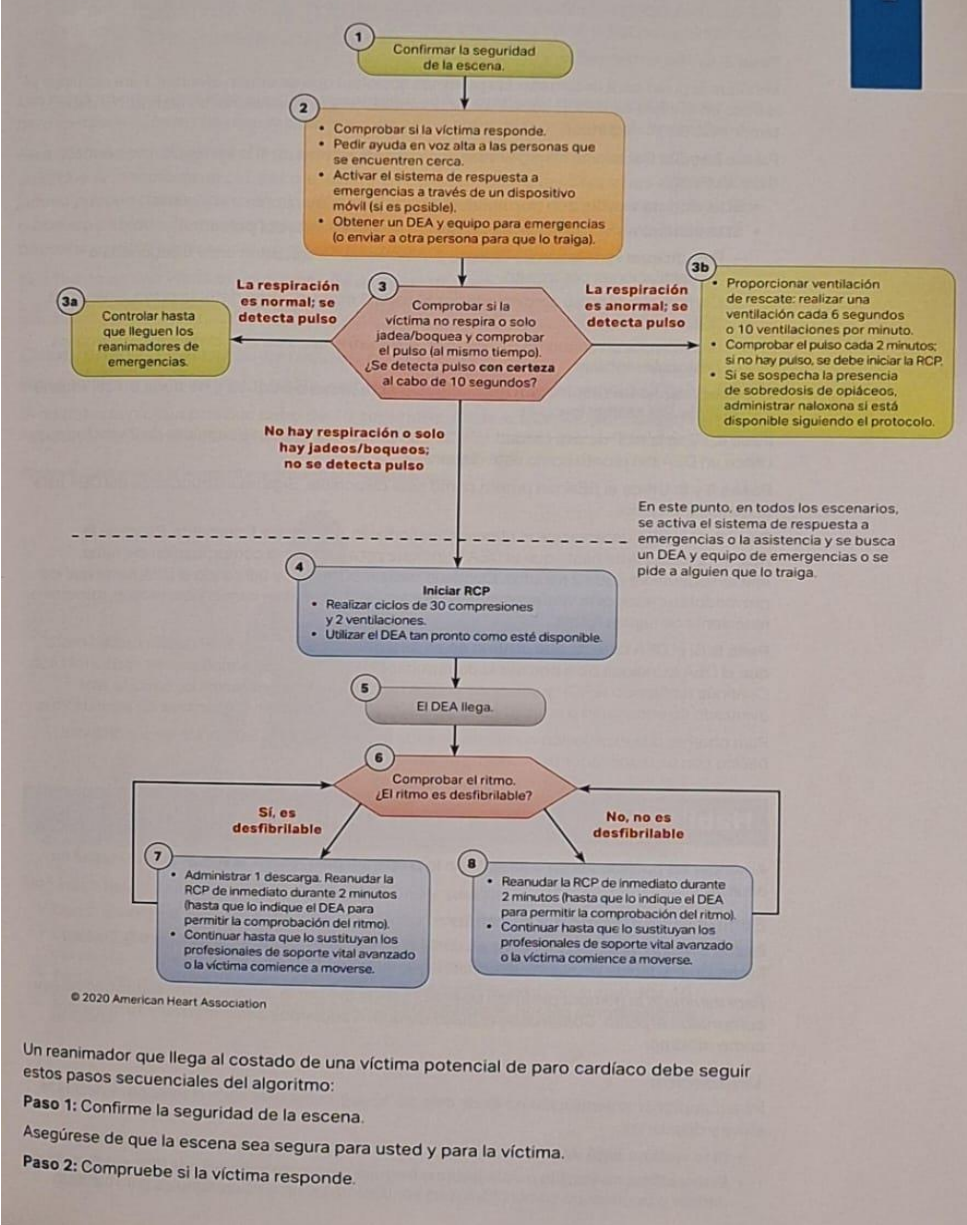
Nombre de la Licenciatura: enfermería

Pediatric Cardiac Arrest Algorithm—2015 Update



CPR Quality
<ul style="list-style-type: none"> • Push hard ($\geq\frac{1}{2}$ of anteroposterior diameter of chest) and fast (100-120/min) and allow complete chest recoil. • Minimize interruptions in compressions. • Avoid excessive ventilation. • Rotate compressor every 2 minutes, or sooner if fatigued. • If no advanced airway, 15:2 compression-ventilation ratio.
Shock Energy for Defibrillation
First shock 2 J/kg, second shock 4 J/kg, subsequent shocks ≥ 4 J/kg, maximum 10 J/kg or adult dose
Drug Therapy
<ul style="list-style-type: none"> • Epinephrine IO/IV dose: 0.01 mg/kg (0.1 mL/kg of 1:10 000 concentration). Repeat every 3-5 minutes. If no IO/IV access, may give endotracheal dose: 0.1 mg/kg (0.1 mL/kg of 1:1000 concentration). • Amiodarone IO/IV dose: 5 mg/kg bolus during cardiac arrest. May repeat up to 2 times for refractory VF/pulseless VT. • Lidocaine IO/IV dose: Initial: 1 mg/kg loading dose. Maintenance: 20-50 mcg/kg per minute infusion (repeat bolus dose if infusion initiated >15 minutes after initial bolus therapy).
Advanced Airway
<ul style="list-style-type: none"> • Endotracheal intubation or supraglottic advanced airway • Waveform capnography or capnometry to confirm and monitor ET tube placement • Once advanced airway in place, give 1 breath every 6 seconds (10 breaths/min) with continuous chest compressions
Return of Spontaneous Circulation (ROSC)
<ul style="list-style-type: none"> • Pulse and blood pressure • Spontaneous arterial pressure waves with intra-arterial monitoring
Reversible Causes
<ul style="list-style-type: none"> • Hypovolemia • Hypoxia • Hydrogen ion (acidosis) • Hypoglycemia • Hypo-/hyperkalemia • Hypothermia • Tension pneumothorax • Tamponade, cardiac • Toxins • Thrombosis, pulmonary • Thrombosis, coronary

Figura 4. Algoritmo de soporte vital básico en adultos para profesionales de la salud.



Un reanimador que llega al costado de una víctima potencial de paro cardíaco debe seguir estos pasos secuenciales del algoritmo:
Paso 1: Confirme la seguridad de la escena.
 Asegúrese de que la escena sea segura para usted y para la víctima.
Paso 2: Compruebe si la víctima responde.