



**Mi Universidad**

## **Mapa Conceptual**

*Nombre del Alumno Andrea Guadalupe Romero López*

*Nombre del tema: arritmias letales*

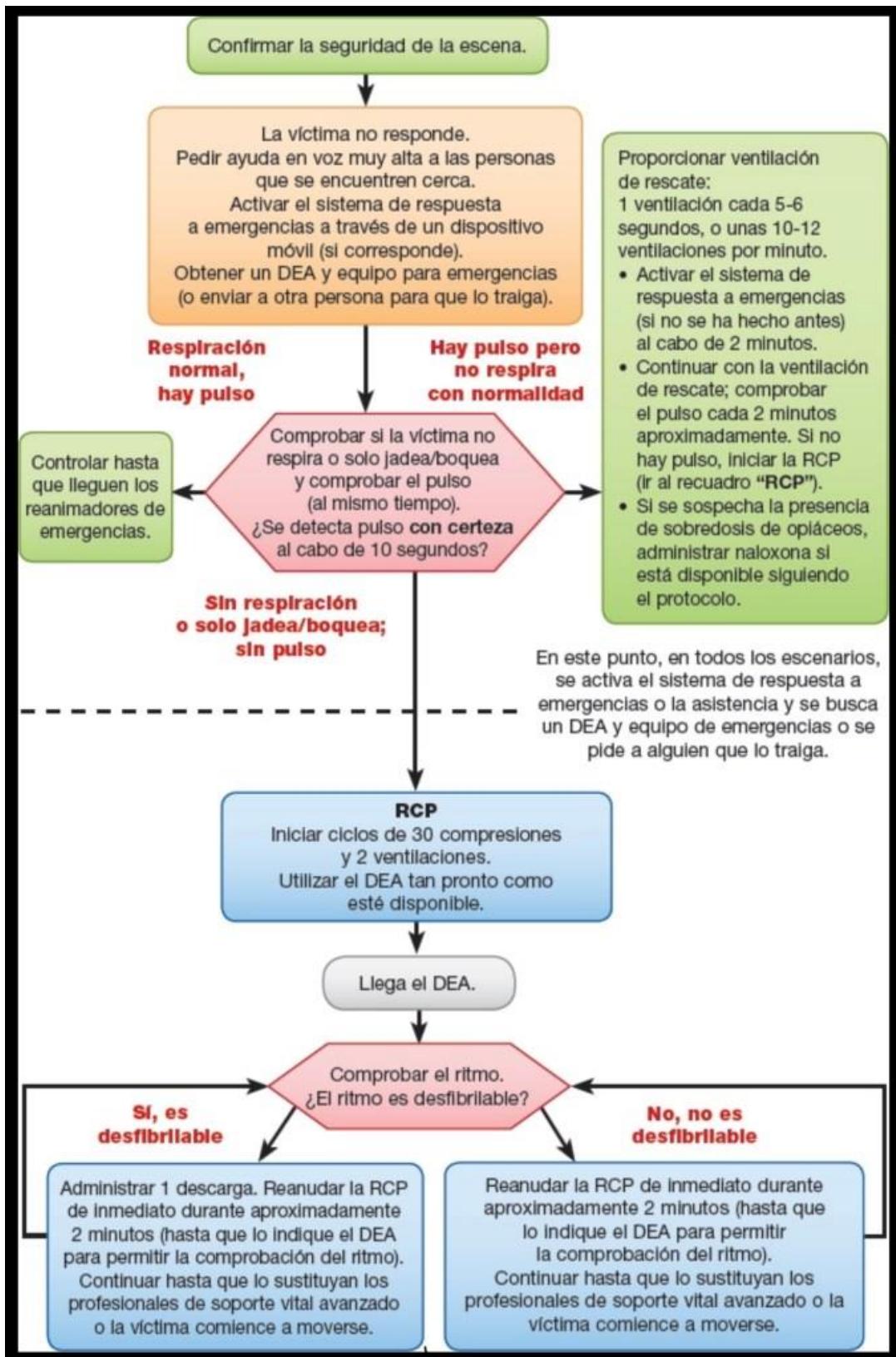
*Parcial 2*

*Nombre de la Materia Enfermería en urgencias y desastres*

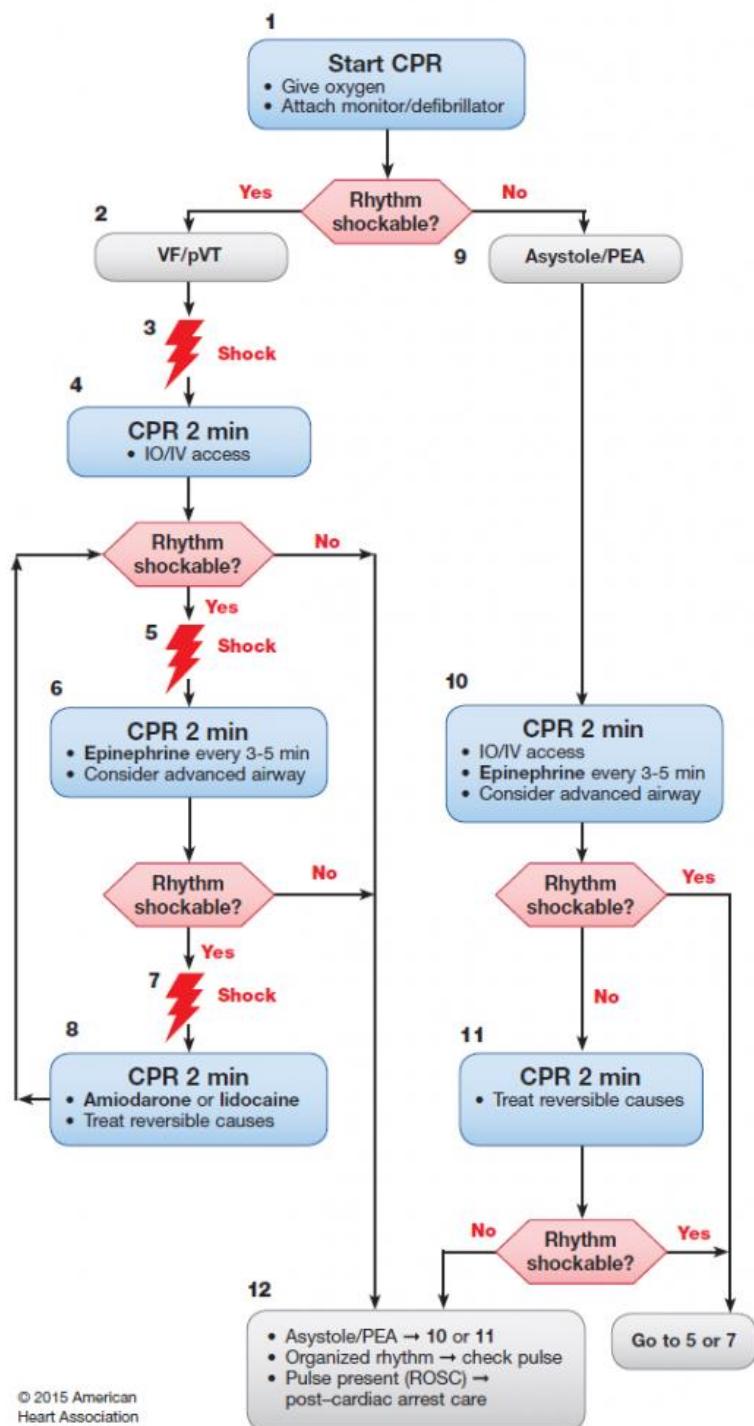
*Nombre del profesor Marcos Jhodany Arguello Gálvez*

*Nombre de la Licenciatura Enfermería*

*Cuatrimestre 7*



## Pediatric Cardiac Arrest Algorithm—2015 Update



© 2015 American Heart Association

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