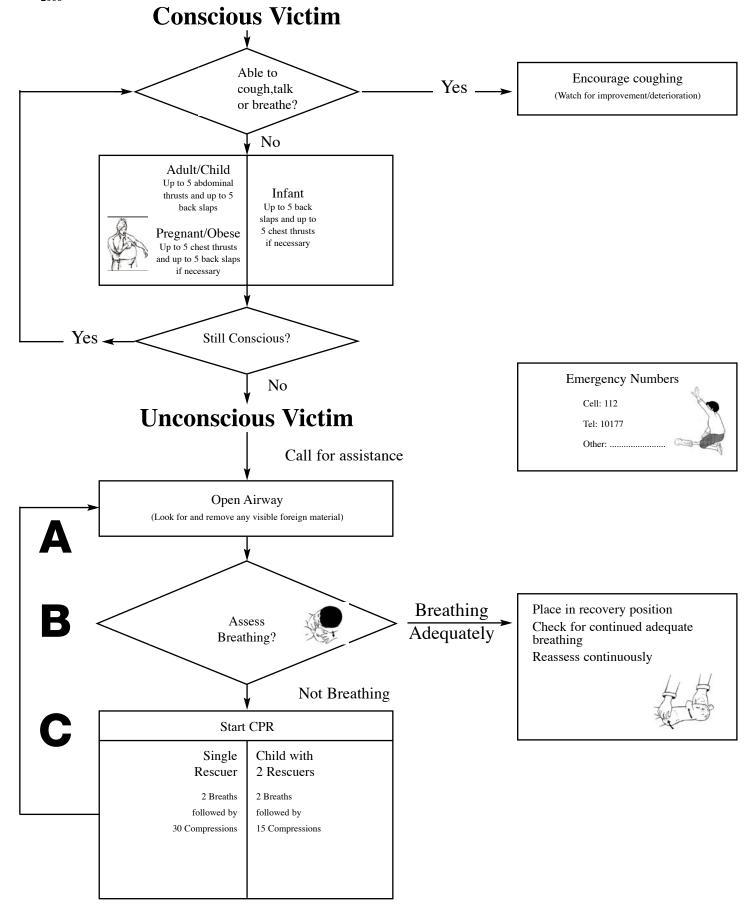


Choking Algorithm

(Adult and Child)



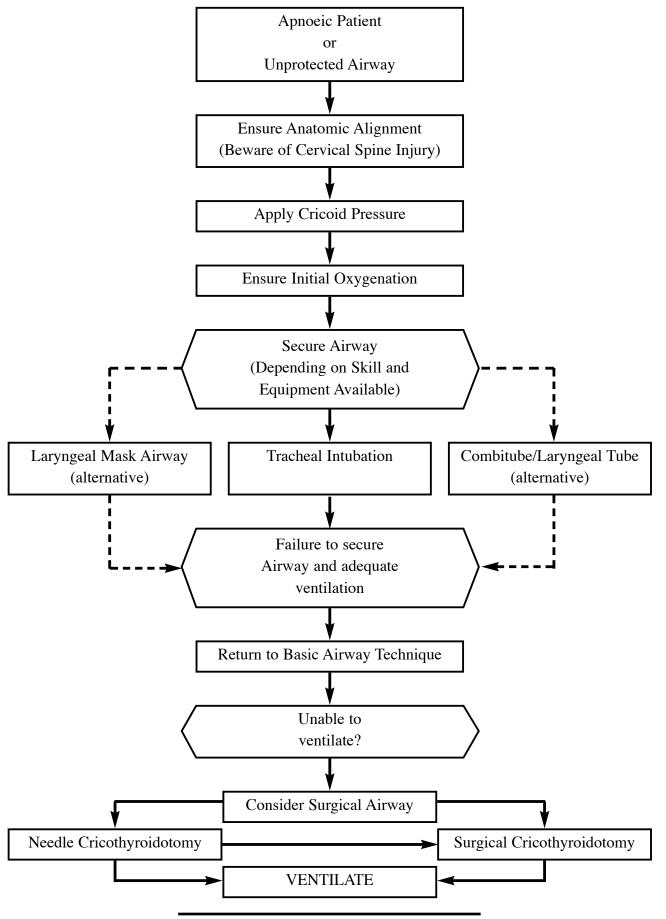




Advanced Airway Management Algorithm



(Adult and Child)





Treatment of Severe Anaphylactic Reactions



(Adult and Child)



(Stridor, Wheeze, Distress) and/or

SIGNS OF SHOCK/HYPOTENSION

(especially if skin changes are present)

OXYGEN

(if available)

MAINTAIN PATENT AIRWAY

(Intubate if necessary)

ADRENALINE

(1mg/ml 1:1000)

>12 yrs - 0.5 ml IM

6-12 yrs - 0.3 ml IM

2-5 yrs -0.2 ml IM

<2 yrs -0.1 ml IM

Repeat every 5-15 minutes if no improvement

PROMETHAZINE

(Antihistamine)

>12 yrs – 25 mg IM

or slow IV

6 - 12 yrs - 12,5 mg IM

or slow IV

2 - 5 yrs - 6,25 mg IM

or slow IV

CRYSTALLOID

(e.g. Ringers Lactate)

Rapid infusion of 1-4 litres (20ml/kg for children) if no response to adrenaline.

Repeat IV infusion as

necessary, as large amounts may be required

HYDROCORTISONE

(Steroid)

>12 yrs – 200 mg IM

or slow IV

6 - 12 yrs – 100 mg IM

or slow IV

2 - 5 yrs - 50 mg IM

or slow IV

RANITIDINE

(H₂ Receptor Antagonist) Adult – 50 mg IM or slow IV (diluted in 20 ml over 2 min) Child – 1 mg/kg (Max-50 mg)

GLUCAGON

Adult – 1-2 mg IM or slow IV every 5min if unresponsive to adrenaline, and especially if on beta blockers.

Child – 20 ug/kg (Max–1 mg)

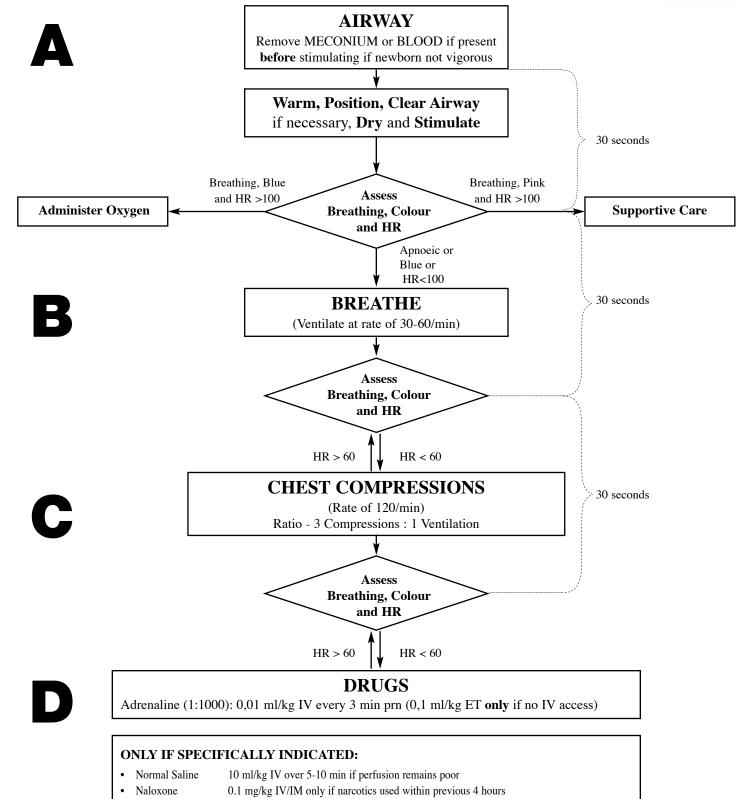
SALBUTAMOL

(Inhaled beta₂-Agonist) 5mg every 15 minutes if no response to drug treatment and severe bronchospasm



Newly-Born Life Support Algorithm





The algorithm follows the assumption that the previous step was unsuccessful and the newly-born is deteriorating

0,2 g/kg IV (diluted) only if hypoglycaemia develops post-delivery

1 mEq/kg IV (diluted) only for persistent metabolic acidosis in prolonged resuscitation

Bicarbonate

Dextrose