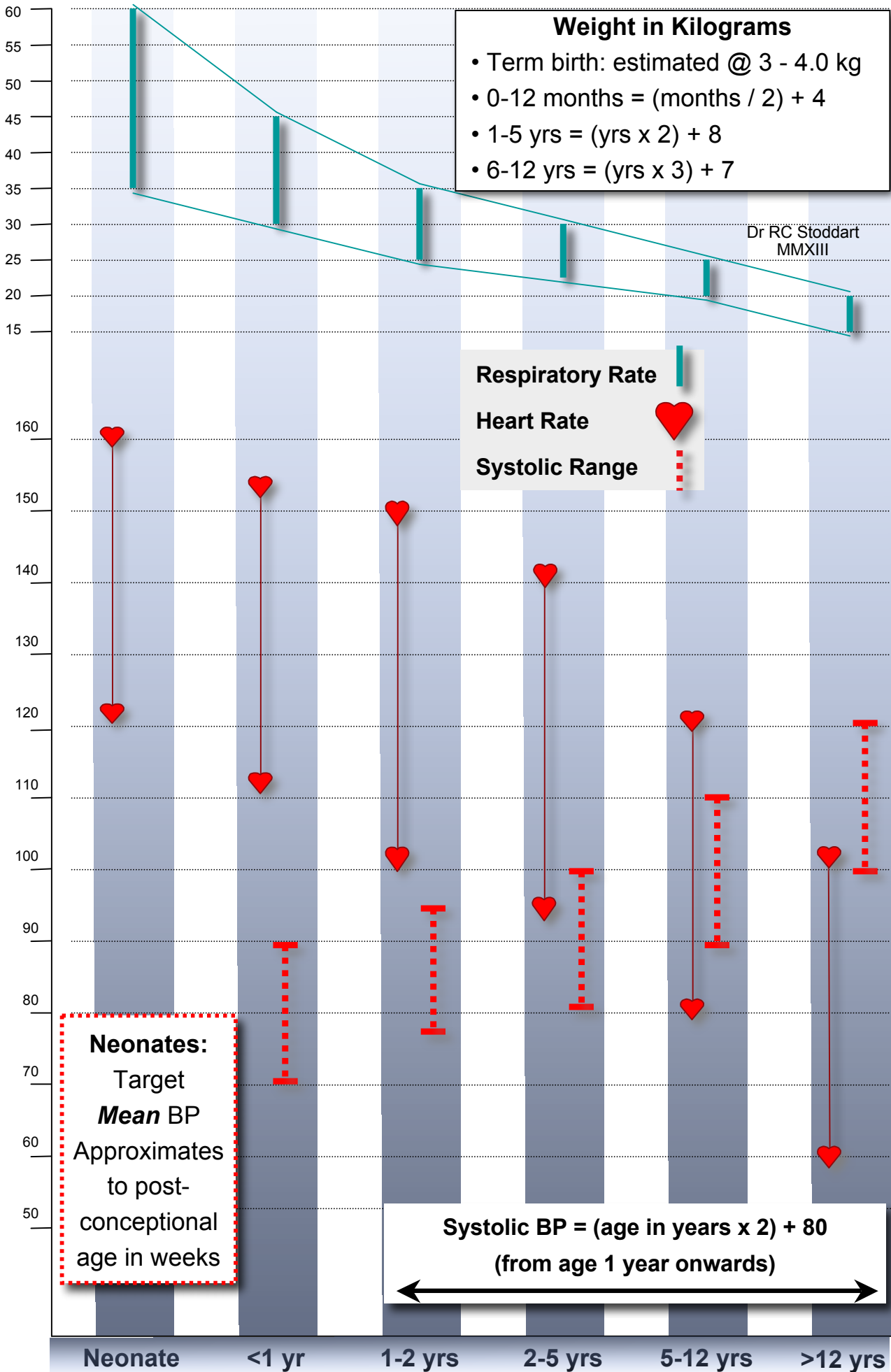


# Emergencies in Paediatric Anaesthesia

Additional tool for non-paediatric specialist anaesthetists

Brighton and Sussex  
University Hospitals



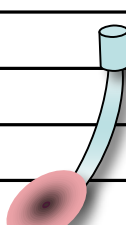
Paed Anaesthesia - Quick Ref ABCD chart

**Head Position:** Neutral for neonates, infants and toddlers.

**Facemasks:** Size from bridge of nose to cleft of chin. Round shape suitable for neonates & infants.

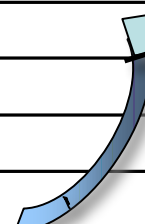
**Oro-pharyngeal Airway:** Size from incisors to angle of the jaw. Do not invert for insertion.

Weight (kg)	Size	Cuff Volume (mls)
0-5	1	2-5
5-10	1.5	5-7
10-20	2	7-10
20-30	2.5	12-14
Large child >30	3	15-20



Smaller LMAs have complication rates that increase with decreasing age of the child.

Weight / Age	ET Tube Size (mm)
<2 kg	2.5
2-4kg Term neonate	3 - 3.5
3 month - 1 yr	3.5 - 4
Over 1 year	(Age / 4) + 4



•**ETT Length:** Oral = (age/2)+12 Nasal = (age/2)+15

•**Cuffed tube:** decrease size by 0.5 & monitor cuff pressure. **For experienced users only.**

**Tidal volume:** 7-10 mls/kg (usually achieved with Inspiratory pressure of 15-20 cmH<sub>2</sub>O)

**Higher closing volume:** beware small airway collapse. Consider PEEP, especially in neonates.

**Adequacy of ventilation:** CLINICAL. Assess chest movement, colour, pulse-oximetry and end-tidal CO<sub>2</sub>

**Spontaneous ventilation:** Rate dependent. Predominantly diaphragmatic. Beware diaphragmatic splinting.

**Once airway secure and any hypoxia is treated,** avoid prolonged 100% O<sub>2</sub> administration.

**Blood Volume:** Term neonate: 90 ml/kg Infant: 85 ml/kg Child: 80 ml/kg

**No indication for hypotonic fluids in resuscitation (for use by specialist, experienced users only).**

**Resuscitation:** crystalloid (+/- colloid) 20 mls/kg boluses, 10 mls/kg in head injury & trauma.

Beyond 60 mls/kg, consider (intubation and) ventilation.

**Maintenance:** crystalloid **4-2-1** regimen. Regular assessment of **BLOOD SUGAR** (especially in neonates).

**Adequacy of circulation:** conscious level, peripheral temperature, capillary refill, HR, BP, urine output.

**DC Shock:** VF: 4J/kg SVT: Synchronous DC cardioversion, initially 1 J/kg, then 2 J/kg.

**All doses are I.V. unless stated** (It is the doctor's responsibility to ensure drugs are used appropriately for each clinical situation)

**Adrenaline:**

*Cardiac Arrest* - 10 microg/kg I.V.

*Anaphylaxis* - 10 microg/kg I.M.

**Suxamethonium:** 2 mg/kg I.V. 3-4 mg/kg I.M.

Premedicate neonates with atropine. Avoid in burns, muscle necrosis, myopathies, hyperkalaemia.

**Atropine:** 20 microg/kg

(minimum dose 100 microg, maximum 1.2 mg)

**Rocuronium:** 1 mg/kg (RSI intubating dose)

**Atracurium:** 0.3-0.5 mg/kg

**Glucose 10%:** 2 mls/kg

**Neonates:** 2.5mls/kg or IV infusion

**IV Ketamine:** 1-2 mg/kg **IM Ketamine:** 5-10 mg/kg

**Propofol:** 2-5 mg/kg **Thiopentone:** 3-4 mg/kg

**Intralipid 20%:** Initial bolus 1.5 ml/kg over 1min

**Dantrolene:** Initial bolus 2-3 mg/kg

**Fentanyl:** 1-2 microg/kg **Morphine:** 0.1 mg/kg

**Lorazepam / Midazolam:** 0.05-0.1 mg/kg

**References:**

strs.nhs.uk (an excellent resource for drug calculation)

Paediatric Advanced Life Support. Resuscitation Council (UK) October 2010 and the October 2011 update