PEDIATRIC POST-ARREST: SSNOT-PPee

Sugar

- Monitor glucose ▶ treat hypoglycemia if < 70
- Assess pulse in all extremities

Systolic BP/Cardiac

- If systolic BP for 0-1yr < 60, 1-10yrs < 70 + (age in yrs x 2), older than 10yrs < 90, (monitor for hypovolemic shock) ▶ Treat with: epi infusion, fluid boluses, and inotropic agents
- Obtain labs for potassium, monitor EKG

Neuro

- Infants ▶ Blinking to bright lights, Plantar reflex, Palmar/Plantar grasp, Rooting reflex, Parachute reflex, Sitting, Crawling
- Children ▶ Assess deep tendon reflexes and cranial nerves
- Assess milestones
- Assess for seizures: staring, gazing, lip smacking, increased ICP

O2

- Monitor SpO2 and ABG (PaO2) levels
- Goal: O2 95-99%; provide mechanical ventilation if needed

Temp

- Report to MD immediately if temperature > 38.3 C ▶ Treat with cooling blankets, ice packs, calming environment
- <3mo: axillary/rectal temperature. >3mo: temporal temperature

pH

- Obtain blood gas (assess for acidosis/alkalosis) ▶ Maintain pH 7.4; CO2 ~35-40; bicarb 20-32

Pee

- Urine output (goal:1-2cc/kg/hr)
- Assess for dehydration (monitor electrolytes and lactate levels)
- Consider Diabetes Insipidus or Syndrome of inappropriate antidiuretic hormone secretion