**Paediatric Cardiac Arrest Workbook**



**Name:**

**Grade:**

**Employer:**

**Introduction**

Welcome to the Ambulance CPD Workbook. When filling out this workbook, to get the most out of your CPD, try and use multiple reputable/peer reviewed sources to fill in your answers. Try to provide references for your answers or links to where you gathered your information. If you need to add more space for your work, you can print out more copies or add information to the notes section.

Question 1: **Discuss what pre-planned actions/thought processes you may consider prior to attending a Paediatric Cardiac Arrest:**

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Question 2: **What anatomical airway differences are present between children and adults and how may that affect your care:**

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Question 3: **Discuss what airway adjuncts would you use in a paediatric arrest and how you would apply them:**

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Question 4: **Discuss what anatomical differences are present when dealing with paediatric cardiac arrest compared to adult and how they may affect a child patient:**

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Question 5: **Discuss how treatment algorithms are different between Paediatric and Adult Cardiac Arrest:**

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Question 6: **Discuss why there is emphasis on 5 rescue breaths and initial 15:2 CPR ratio in regards to Paediatric Cardiac Arrest:**

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Question 7: **Discuss and detail what is the WETFAG mnemonic:**

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Question 8: **Discuss your action plan for a paediatric arrest which follows the shockable cardiac arrest algorithm:**

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Question 9: **Discuss your action plan for a paediatric arrest which follows the non-shockable cardiac arrest algorithm:**

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Question 10: **Discuss how chest compressions may differ between a child’s age and size:**

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Question 11: **Discuss what differences are present in Paediatric and Newborn life support:**

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Question 12: **Discuss the aspects of stay and play versus load and go in regards to paediatric cardiac arrest:**

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Question 13: **Discuss the prevalence of PEA and Asystole in paediatric cardiac arrest compared to VF and VT, and why:**

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Question 14: **Discuss what considerations are in place for dealing with a child death in the pre-hospital setting**

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