Top 5 Changes to PALS

1. Fluids in Sepsis
   An initial fluid bolus of 20cc/kg is reasonable. Further fluid resuscitation should be tailored to the individual patient, with frequent reassessment, recognizing that over aggressive fluid resuscitation may be harmful in resource limited settings.

2. Routine atropine unnecessary
   Current evidence does not support routine use of pre-intubation doses of atropine for critically ill children and non-neonatal infants requiring emergency intubation. Of course, however, use it if there is bradycardia.

3. No minimum atropine dose
   If you do use atropine prior to a non-emergency intubation, 0.02mg/kg is effective. Don’t worry about under-dosing!

4. Avoid fever & control temp
   Temperature control & fever management is important for comatose children after out-of-hospital cardiac arrest. Moderate hypothermia (32° to 34° C) or normothermia (36° to 37.5° C) are both reasonable.

5. Amiodarone OR lidocaine
   Both anti-arrhythmics are acceptable for treatment of shock-refractory VF or pulseless VT in pediatric patients.

* For more Canadian content by the HSFC, check out http://goo.gl/tHu8lc

This infographic has been brought to you by the BoringEM.org Team.