**RCH Emergency Pre-hospital Preparation for Pediatric Resuscitation**

Calling a CODE PINK/ CODE BLUE PEDIATRIC is the quickest way to assemble a complete resuscitation team.

* RT x 2
* 1 x ED or 2N nurse - documenter
* 2 x ED RN - medication nurses
* 1 x ED or Peds RN - interventions
* 1 x NICU RN – interventions/IV RN

**Code Pink:**

* Neonatology team lead
* ERP & OB for mother must be paged seperately
* L&D RN, NICU RN, ED RNs + RTs

**Code Blue Pediatric:**

* ERP team lead
* Neonatalogy/pediatrician (see above)
* Anaesthesia (see above)

**Code Pink:**

* Infant warmer if < 7 kg
* Warm blanket
* Code Pink Cart (med table on top)

**\*\* Specify equipment and medications needed (per below lists)**

**Infant < 24 hours**

* **CALL CODE PINK**
* Neonatology to act as team leader on arrival
* RT to lead NRP until neonatologist arrives
* ERP to assist with resuscitation

**CONSIDER THE MISFITS IN INFANTS**

**T** Trauma/non-accidental trauma

**H** Heart disease, hypovolemia, hypoxia

**E** Endocrine (CAH, thyrotoxicosis)

**M** Metabolic (hypoglycemia, hyponatremia)

**I** Inborn errors of metabolism

**S** Sepsis

**F** Formula dilution or over-concentration

**I** Intestinal catastrophes

**T** Toxins

**S** Seizures

**ADDITIONAL MEDICATIONS FOR NEWBORN SCENARIO:**

* Consider meds for mom (oxytocin, hemabate, TXA, uncrossed blood)
* Consider PGE1 infusion for infant (after resus)
	+ PGE1 is not readily available in the ED (call NICU to have it mixed and sent down)

**EQUIPMENT:**

**Code Blue Pediatric:**

* Weight based med dosing sheet
	+ (use pedistat to estimate weight)
* Infant warmer if < 7 kg
* Warm blanket
* Crash cart including defibrillator
* Broselow cart
* Broselow tape
* Difficult airway equipment (located in bottom drawer of Broselow cart)
* Glucometre
* White Board and distinct medication prep table
* Print Relevant PPO (e.g. neonatal or pediatric sepsis)

**MEDICATIONS:**

**\*\*Use neonatal PDTM if less than 1 month of age**

**\*\*2 RNs to prep medications**

* ACLS Medications
* Antibiotics
* Hypoglycemia management:
	+ D10W IV
	+ Dextrose 24%: 2 ml PO/ NG if no IV
	+ Glucagon IM/ SC/ IV
* Intubation meds
	+ induction agent
	+ paralytic
	+ +/- atropine
* Vasopressors (epi infusion, levo infusion)

**Child > 24 hours – 2 years:**

* **CALL CODE BLUE PEDIATRIC**
* 8 am – 5 pm also CALL

NEONATOLOGIST

* EP or NEONATOLOGY to manage airway (suggest most experienced operator)

**Child > 2 – < 17 years:**

* **CALL CODE BLUE PEDIATRIC**
* Consider ANESTHESIA

CALL AN at EP’s request

* EP or ANESTHESIA to manage

airway (suggest most experienced operator)

**Assemble team for pre-brief & assign roles**

**INVESTIGATIONS TO CONSIDER**

* Sepsis bloodwork, Ca, Mg, Phos, TSH, ammonia, ketones, drugs of abuse screen, extra red top tube
* Urine, ECG, portable CXR
* +/- imaging