

Cardio-Respiratory Arrest in the Ambulance Checklist

****** CALL THE CONSULTANT ON SPEAKER PHONE/VIDEO CALL AT EARLIEST OPPORTUNITY******

Ask driver to stop ambulance in a safe place				
Follow NLS algorithm for resuscitation (see reverse)				
Does airway need to be secured, if not already?				
<ul style="list-style-type: none"> • iGel • Intubation 				
Think about cause for arrest (4 H's / 4 T's)				
<ul style="list-style-type: none"> • Hypoxia – if patient ventilated is the tube dislodged/obstructed? Is there a problem with equipment? • Hypothermia • Hypovolaemia – ?fluid loss due to sepsis/bleeding • Tension pneumothorax-pneumothorax equipment box located in cupboard at back of ambulance • Hyper/hypokalaemia • cardiac Tamponade – has the baby got a UVC/lower limb long line? • (Toxin and thrombus- less likely in a neonate) 				
IV access:				
<ul style="list-style-type: none"> • Consider IO if no access 				
Resuscitation Drugs:				
Baby's weight	Adrenaline 1:10,000	Sodium Bicarbonate 4.2%	Glucose 10%	Volume Saline 0.9%
	<i>20 mcg/kg</i>	<i>1-2mmol/kg</i>	<i>2.5 ml/kg</i>	<i>10ml/kg</i>
1kg	0.2 ml	2-4 ml	2.5 ml	10 ml
2kg	0.4 ml	4-8 ml	5 ml	20ml
3kg	0.6 ml	6-12 ml	7.5 ml	30ml
4kg	0.8 ml	8-16 ml	10 ml	40ml
Role Allocation:				
<ul style="list-style-type: none"> • SPR/ANNP – Secure airway, chest compressions +/- neopuff (consider if the baby can have breaths from the ventilator?) • Nurse – Chest compressions whilst airway secured, Prepare and give drugs • Driver – Obtaining equipment, neopuff once airway secured • Consultant on phone – documentation, team leader 				

Newborn life support

