

KIDS COUNT 2 OPTIMISNG PREHOSPITAL CARE OF CHILDREN

DR HEIDI BAKER

STARSHIP CHILDREN'S EMERGENCY DEPARTMENT

AUCKLAND ADULT EMERGENCY

FORMERLY - AUCKLAND RESCUE HELICOPTER TRUST









PRIMUM NON NOCERE

Body weight/ age	Size (mm)	Oral depth (cm)	Nasal depth (cm)
Newly-born 3.5 kg	3.0	9	11–11.5
1-6 months	3.5	9.5–11	12-13
6-12 months	4.0	11.5–12	13-14
2-3 years	4.5	13-13	15-16
4–5 years	5.0	14–14	17–18
6–7 years	5.5	15-15.5	19
8–9 years	6.0	16–16	20
10-11 years	6.5	17–17	21
12-13 years	7.0	18-18	22
14-16 years	7.5	19	23



EA 10 16 (*)



Stockable

Pediatric Endotracheal Tube Sizes

Difference | Market

ARREN ADVENT

Advanced Life Support for Infants and Children

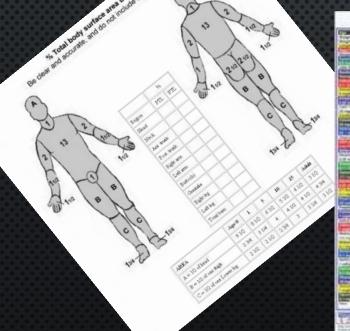
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Uncuffed ETT = Age + 4

*Newborns 3 or 3.5

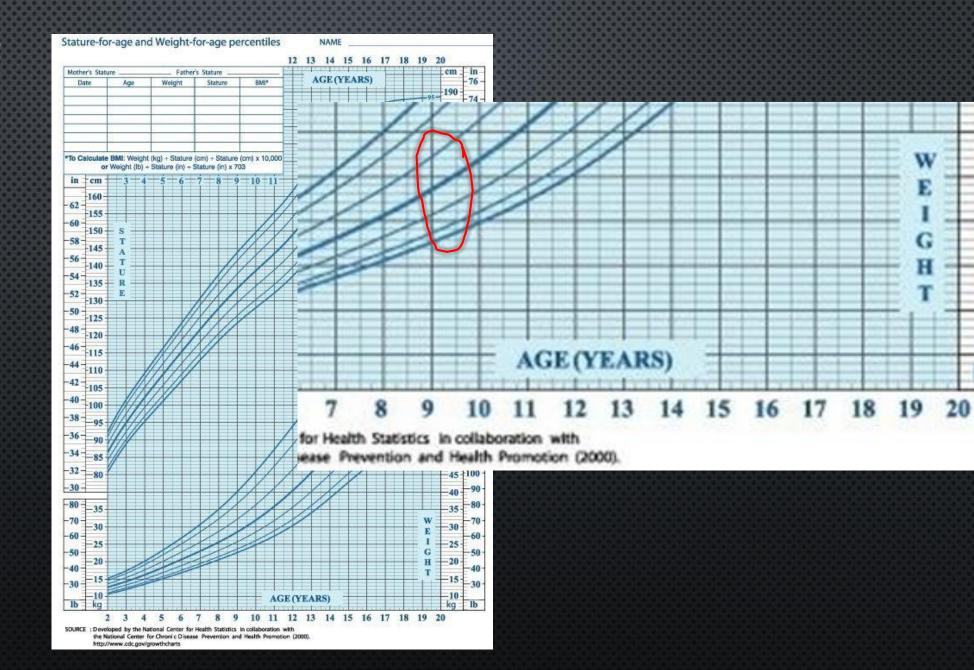
Cuffed ETT = Age + 3.5

Classically > 8 years, at least >1 year



Pediatric Drug Chart

AGE VS SIZE







PRIMARY BRAIN TRAUMA

SECONDARY BRAIN TRAUMA - RIDE THE WAVE

- HYPOXIA
- HYPOVENTILATION/HYPERCARBIA
- HYPOVOLAEMIA
- HYPOGLYCEMIA

Normal Paediatric values (adapted from APLS)				
AGE	RR	HR	SYSTOLIC BP	
<1	30-40	110-160	70-90	
1-2	25-35	100-150	80-95	
2-5	25-30	95-140	80-100	
5-12	20-25	80-120	90-110	
>12	15-20	60-100	100-120	

KIDS DESERVE SAME RESOURCE CARE

IT'S ALL IN THE MIND.....





AND IT IS ALL RELATIVE

- ETT 3
- ETT 7

IT'S ALL IN THE MIND.....



Watterson et al. Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine (2017) 25:117

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Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine

LETTER TO THE EDITOR

Open Access

Pre-hospital advanced airway management in children: a challenge that training can handle

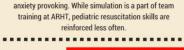


Joanna B. Watterson^{1,2*}, Cliff Reid^{1,3}, Brian J. Burns^{1,3} and Luke Regan⁴

See related research by Tarpgaard et al., https://sjtrem.biomedcentral.com/articles/10.1186/s13049-015-0140-0

Using Rapid Cycle Deliberate Practice to improve NEONATAL RESUSCITATION skills

Alia Dharamsi, ARHT Fellow, Kids Count 2





KIDS COUNT 2



An insitu simulation day, where pediatric skills are honed through workshops, discussions, and team based simulation exercises in challenging environments (pools, houses, backyards). In the 25 minute RCDP session on neonatal resuscitation, groups were coached on key neonatal resuscitation principles, and the approach to a "flat baby." Each group cycled through the simulation-microdebrief cycle 4 times.

DATA

Participants were asked a series of questions before and after the workshop. A scale of 1 (not at all true)-10 (100% true) was used.

Means were calculated from the responses.

Data is presented below in a (pre-workshop; post workshop) format



THIS RCDP SIMULATION SESSION IMPROVED LEARNERS'



KNOWLEDGE of necessary equipment for neonatal resuscitation (6.7; 8.4)

COMFORT with techniques for high-quality neonatal CPR (6.7; 9.3)

FAMILIARITY with ventilation techniques for neonates (7; 9.4)

READINESS to perform a neonatal resuscitation (6.9; 9.1)

Full data + comments available by contacting alia.dharamsi@gmail.com April, 2018

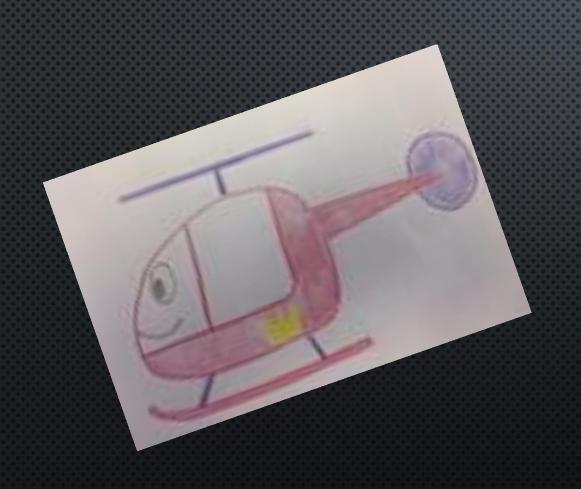
EQUIPMENT, TRAINING, SIMULATION







FUTURE? - KIDS COUNT 2, APLS, NATIONAL STANDARDS FOR RSI AND RETRIEVAL





FUTURE

45 YO DRIVER



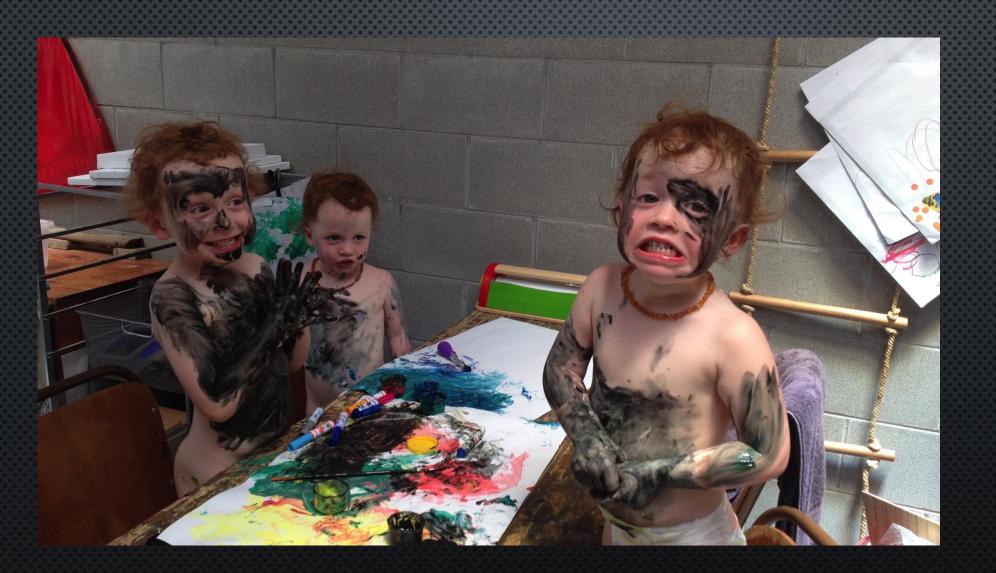
7 YO PASSENGER



COLLABORATION

- ED AND PREHOSPITAL PROVIDERS
- INSITU TRAINING
- RECIPROCAL LEARNING
- STANDARDS





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WE ARE WHAT WE REPEATEDLY DO. EXCELLENCE THEN, IS NOT AN ACT, BUT A HABIT

ARISTOTLE