

WHAT IS A RESUSCITATION?

As a general rule, any patient who is very ill and requires that you be at the bedside managing their care (ie. Not just taking a hx and doing an exam) for greater than 15 minutes should be counted as a resuscitation.

Per the RRC (Common program requirements EM):

"A major resuscitation is patient care for which prolonged physician attention is needed and interventions such as defibrillation, cardiac pacing, treatment of shock, intravenous use of drugs (e.g., thrombolytics, vasopressors, neuromuscular blocking agents), or consideration/performance of invasive procedures (e.g., cut downs, central line insertion, tube thoracostomy, endotracheal intubations) that are necessary for stabilization and treatment."

RRC (PEM specialty specific program requirements PEM)

"Fellows must learn to perform evaluations rapidly, with simultaneous stabilization of any life threatening process, and to proceed with appropriate life-saving interventions before arriving at a definitive diagnosis. They must have supervised experience using their technical/procedural and resuscitation competency skills as those skills apply to pediatric patients of all ages." These may include those patients requiring continuous hemodynamic monitoring, continuous inhalation therapies and those where invasive procedures are being considered.

Here is a list of clinical examples:

- Most patients that you admit to the PICU (some exclusions might be those admissions to PICU as a result of bed availability issues or "other service's" protocol issues...check w your attending).
- Any patient where you get a PICU consultant to come to the ED to evaluate for the potential for PICU care
- Severe Asthma - requiring serial exams; requiring continuous inhaled treatments; requiring heliox, Magnesium, Bi-Pap; has the potential to decompensate.
- Severe Respiratory Distress – obvious distress (tripoding, altered sensorium, cyanosis, evidence of fatigue) not immediately improving with O2.
- Suspected shock (any cause: cardiac, neurologic, septic, anaphylactic, hypovolemic) requires serial exams; has the potential to decompensate and require intubation / PICU or real/potential for unstable hemodynamics or respiratory status.
- Anaphylaxis requiring Epinephrine and/or other vasocactive, parenteral agents.
- Arrhythmias (ex. SVT, Vtach) - requiring continuous monitoring, vasoactive medications (ex adenosine); requires serial exams / EKG interpretations; has the potential to decompensate.
- Recurrent Seizures in ED or Status Epilepticus - requiring medications to stop sz's; has the potential to decompensate.
- Symptomatic Anemia - requiring blood transfusion in the ED.
- Chest pain in a child consistent with concern for Acute MI - requiring Peds Cardiology consult; requires vasoactive medications; requires serial exams / EKG interpretations; has the potential to decompensate.
- Significant Overdose - requires serial exams; has the potential to decompensate.
- GI Bleed - requiring serial exams; requiring emergent Peds GI consultation; has the potential to decompensate.

UMHS Pediatric Emergency Medicine Fellowship
PEM Fellowship Manual/Procedures

- DKA patients with unstable hemodynamics and or altered sensorium, potential for cerebral edema
- Comatose / unconscious, unknown cause at presentation/unarouseable
- Head injury, severe, unresponsive.
- Severe Dehydration with significant metabolic / blood chemistry changes
- Trauma, multiple, altered consciousness, life or limb threatened.

You are probably providing critical care / resuscitating a patient if . . .

- you order more than 40 cc/kg of IV fluids for a patient.
- you order vasoactive medications (dopamine, epinephrine), antiarrhythmics, or IV anticonvulsants.
- you perform a Thoracentesis, Pericardiocentesis, CPR, Cardioversion/ Defibrillation, Intubation, Intraosseous needle placement or a Cricothyroidotomy.
- you place an a-line, Chest tube, Central Line.
- You are doing chest compressions
- you place a child on a Ventilator and make decisions regarding settings and followup (checking serial ABGs)
- your patient is acidotic, hypoxic (not corrected with simple O2 via FM or nasal canula), or has unstable vital signs.