

DRSABCD-Paediatric Resuscitation

Check for danger	 Check for any danger and ensure safety for the rescuer, victim and bystanders (e.g. toxic substances, electricity, magnetic fields, personal danger). Moving the victim &/or modifying the environment may be necessary prior to commencing BLS.
R Check for <i>response</i>	 Provide "verbal & tactile stimulation" to the victim. Speak loudly into both the victim's ears, giving a simple command, such as, "open your eyes". Grasp and squeeze the victim's shoulder firmly. Stimulate an infant by rubbing soles of feet or palms of hands. ANZCOR Guidelines 3 - 8, 2016
S Send for help	 If no response to the 'verbal and tactile stimulation' → obtain help, activate ALS response personnel. Get AED/defibrillator if available. The victim is unresponsive and not breathing and needs access to advanced life support measures. Most experienced rescuer to take charge and stay with victim, another person should get assistance.
A Clear & open the airway	 In the unconscious victim, care of the airway takes precedence over any injury. All unconscious victims handled gently, no undue twisting or forward movement of head and neck. Assess airway. If it is necessary to clear the airway, turn victim onto his/her side, face turned downward, clear mouth using finger sweep anterior to the teeth line or suction. Do not "blindly" protrude fingers into the mouth. Place victim onto his/her back and open the airway using backward head tilt and jaw support for children and jaw support only for infants. If on initial assessment, the airway is clear, there is no need to turn the victim onto their side.
B Check for <i>breathing</i>	 Check for breathing by looking for rise & fall of the upper abdomen & chest, listening for breath sounds and feeling for movement of chest and upper abdomen. Unconscious persons breathing normally must remain on the side. ANZCOR Guidelines 5 & 8, 2016
Commence chest compressions	 Check for responsiveness, breathing and in areas where applicable pulse (palpate the carotid / brachial /femoral pulse for up to 10 seconds. The brachial pulse is located on the inner aspect of the arm above the elbow line. Femoral pulse is in the groin). If unresponsive and not breathing (and where applicable, no or low cardiac output), commence chest compressions: 30 compressions followed by 2 breaths. Or alternatively, if 2 trained health care professionals are present, commence rescue breaths: 2 breaths given first followed by 15 compressions. Continue CPR.
D Defibrillation	• Attach defibrillator (AED) as soon as available and follow prompts given. ANZEOR Guidelines 7 & 8, 2016