APLS 6e manual updates

The following are changes made following publication of the APLS 6e manual. Some of these may be incorporated in reprints, but a full list is included here for completeness.

Summary of formal reprints

August 2016	Updates after first publish of 6e
January 2017	Resuscitation Council update – NLS algorithm
December 2018	Reprinted with amendments
August 2019	Reprinted with amendments

Chapter	Dates of changes noted below
Chapter 1 - Introduction	
Chapter 2 - Structured approach to paediatric emergencies	
Chapter 3 - Human factors	
Chapter 4 - The structured approach to the seriously ill child	
Chapter 5 - The child with breathing difficulties	August 2016
Chapter 6 - The child in shock	August 2016
Chapter 7 - The child with an abnormal pulse rate or rhythm	
Chapter 8 - The child with a decreased conscious level	
Chapter 9 - The convulsing child	August 2016, December 2018
Chapter 10 - Introduction to the seriously injured child	
Chapter 11 - Structured approach to the seriously injured child	August 2016
Chapter 12 - The child with chest injury	
Chapter 13 - The child with abdominal injury	
Chapter 14 - The child with traumatic brain injury	August 2016
Chapter 15 - The child with injuries to the extremities or the spine	
Chapter 16 - The burned or scalded child	
Chapter 17 - The child with an electrical injury or drowning	September 2019
Chapter 18 - Basic life support	
Chapter 19 - Support of the airway and ventilation	December 2017, April 2018
Chapter 20 - Management of cardiac arrest	December 2017, April 2019
Chapter 21 - Practical procedures: airway and breathing	
Chapter 22 - Practical procedures: circulation	July 2017, November 2018
Chapter 23 - Practical procedures: trauma	
Chapter 24 - Imaging in trauma	
Chapter 25 - Structured approach to stabilisation and transfer	
Appendix A - Acid–base balance	
Appendix B - Fluid and electrolyte management	
Appendix C - Child abuse and neglect	
Appendix D - When a child dies	
Appendix E - General approach to poisoning and envenomation	
Appendix F - Resuscitation of the baby at birth	January 2017
Appendix G - Formulary	April 2018

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Chapter 5

Page	Change	Date
56	Text should read "The majority of foreign bodies are radio-lucent and therefore not visible …"	August 2016

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Chapter 6

Page	Change	Date
73	Instead of 0.3 mg/kg for the Dopamine dose, it should be 30 mg/kg	August 2016
77	Update text dinoprostone or alprostadil	August 2016

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Chapter 9

Page	Change	Date
102	Update 'APLS Status Epilepticus' algorithm to add PR after the dose of Paraldehyde	August 2016
102	Max doses added to algorithm	December 2018

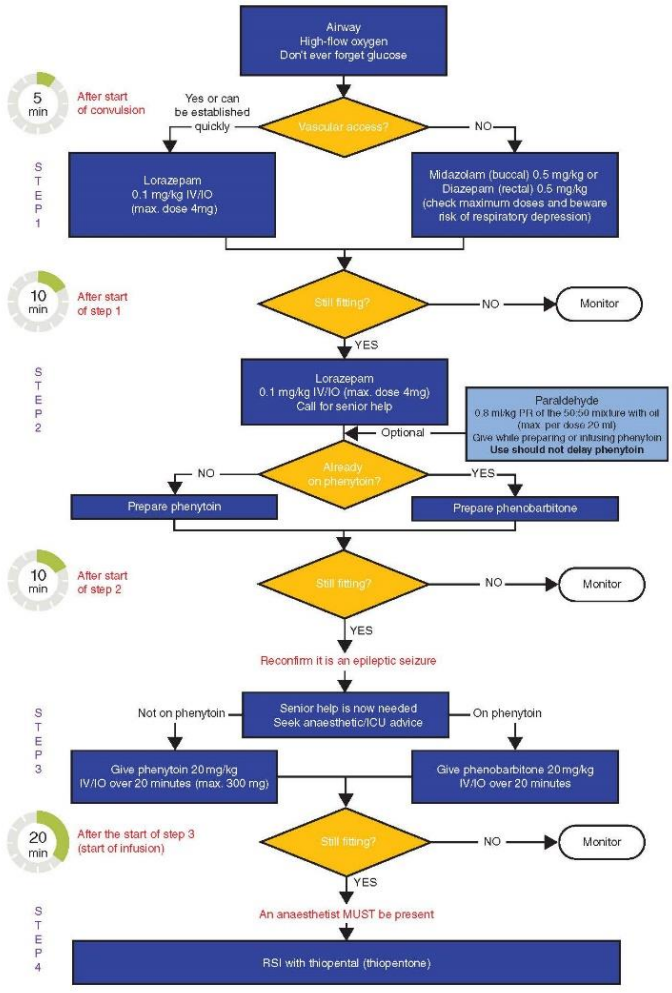
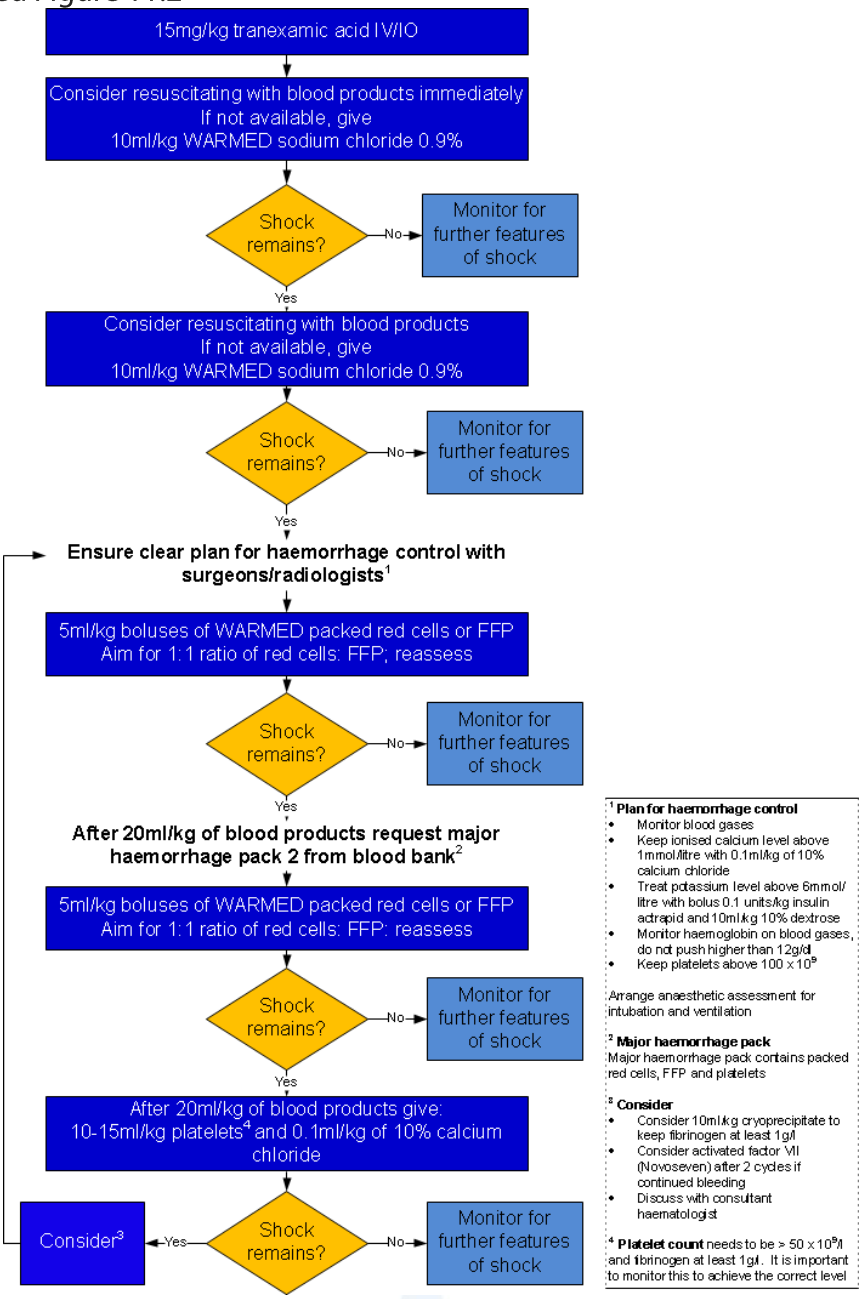


Figure 9.1 Status epilepticus algorithm. [ICU, intensive care unit; RSI, rapid sequence induction]

Chapter 11

Page	Change	Date
120	Revised Figure 11.2 	August 2016

Chapter 14

Page	Change	Date
144	Second paragraph regarding neuroprotection should read “Hypertonic saline 3%...”	August 2016

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Chapter 17

Page	Change	Date
165	Change to statement on prophylactic antibiotics: Prophylactic antibiotics have not been shown to be helpful but are often given after immersion in severely contaminated water. Fever is common during the first 24 hours but is not necessarily a sign of infection, which usually becomes manifest later. When an infection is suspected broad-spectrum intravenous antibiotic therapy (such as cefotaxime) should be started after repeating blood and sputum cultures. Gram-negative organisms, especially *Pseudomonas aeruginosa*, are common and *Aspergillus* species have been reported, in which case, a combination antibiotic treatment is advised with reference to local guidelines.	September 2019

Chapter 19

Page	Change	Date
129	The manual refers to the use of an occlusive dressing for a sucking chest wound, this should be a 3-sided dressing	December 2017
190	Replacement figure 19.2 	April 2018

Chapter 20

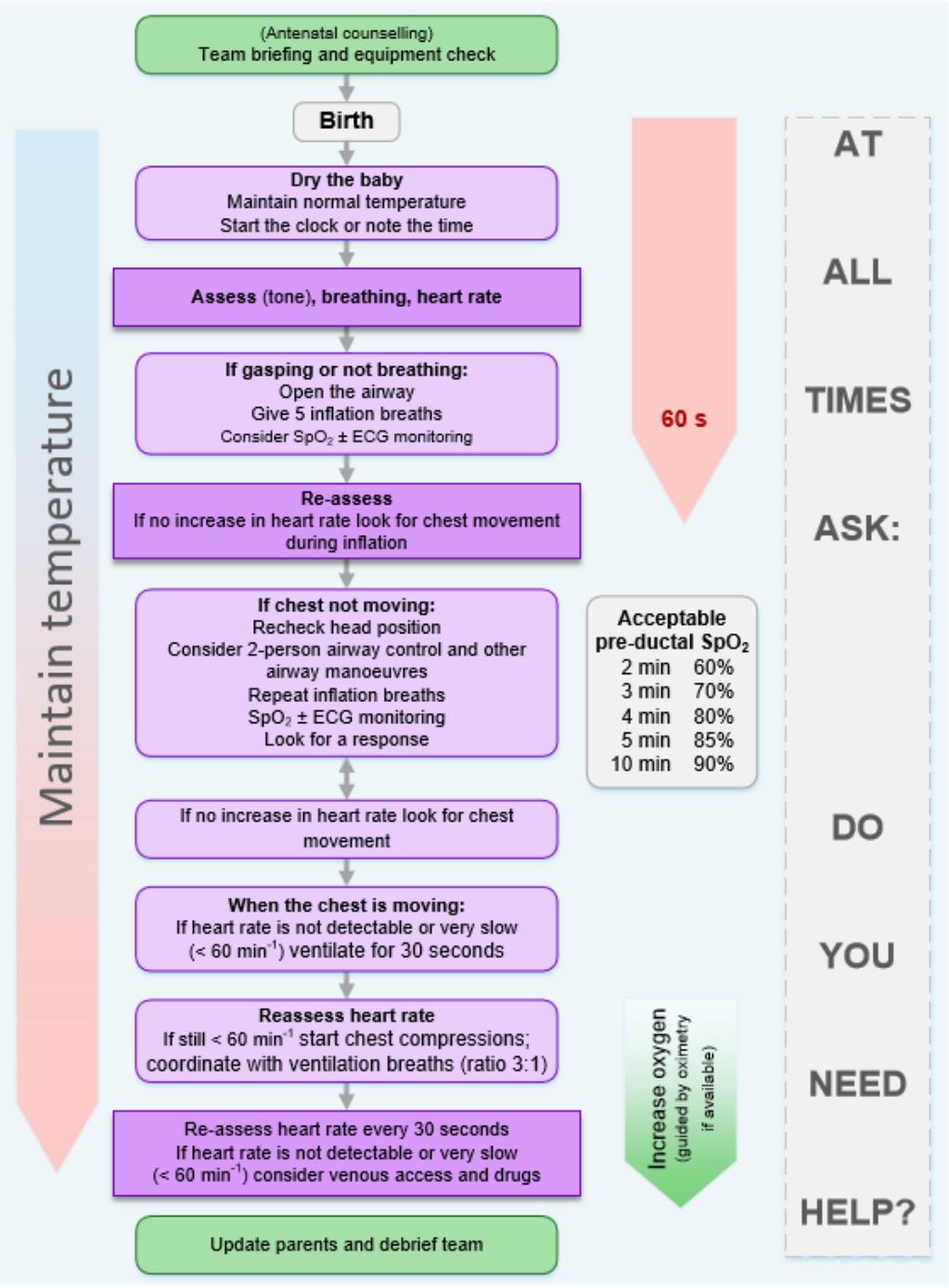
Page	Change	Date
205	The manual refers to the use of defibrillator paddles for neonates because the hands-free pads are too big. If there are small enough pads available, then these should be used. If not, then manual paddles would be used.	December 2017

Page	Change	Date
206	Replacement paragraph on Capnography **Capnography** 'Monitoring of exhaled, end-tidal CO2 (ETCO2) can be helpful in the management of cardiac arrest. The presence of ETCO2 is expected during CPR, although it is likely to be much lower than normal due to poor pulmonary perfusion. An ETCO2 of less than 2kPa (15mmHg) should prompt immediate review of the adequacy of chest compressions. However, the complete absence of ETCO2 is highly indicative of an oesophageal intubation and immediate attention must be given to securing the airway and establishing effective ventilation. A sudden, significant rise in ETCO2 suggests a concomitant increase in cardiac output due to the return of spontaneous circulation (ROSC). Adrenaline may decrease and bicarbonate may increase the measured ETCO2, but these effects are usually minor compared to a major change in cardiac output.'	April 2019

Chapter 22

Page	Change	Date
226	The EZ-IO® needles for paediatrics are in two sizes: under 40 kg (pink 15mm) and over 40kg (blue 25mm). The larger yellow needle (45mm) is for adult use especially when there is extra tissue to penetrate.	July 2017
227	Sentence underneath the procedure for insertion "It should be noted that…" replaced with the following text "In extremis this should not be required, however manufacturers suggest that aspiration and infusion of fluid may be painful for the conscious patient and if this proves to be the case 0.5 mg/kg of 2% lidocaine (not to exceed 40mg) may be infused slowly to combat this. It is important to note that the paediatric doses required are very small in volume and as such require specific consideration of the administration technique and referring to trust policies where available and/ or the manufacturer's guidance. If a decision is taken to do this then cardiac monitoring is recommended. " An example can be found here http://www.eziocomfort.com/ezio-comfort.html#dosing-&-administration [last accessed 06/11/2018]	November 2018

Appendix F

Page	Change	Date
332	Figure F.8 	January 2017

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Appendix G Formulary

Page	Change	Date
343	Lorazepam max dose should be 4 mg	April 2018