### APLS aide-memoire: girls

<table>
<thead>
<tr>
<th>Age</th>
<th>Guide weight (kg)</th>
<th>A (ml)</th>
<th>C (ml)</th>
<th>C (J/kg)</th>
<th>D (ml)</th>
<th>D (J/kg)</th>
<th>RT (breaths per minute)</th>
<th>HR (beats per minute)</th>
<th>BP (mmHg)</th>
<th>MP (mmHg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1 year</td>
<td>2.5-4.5</td>
<td>10</td>
<td>10</td>
<td>0.5</td>
<td>20</td>
<td>0.5</td>
<td>15-30</td>
<td>80-120</td>
<td>90-120</td>
<td>60-90</td>
</tr>
<tr>
<td>1 year</td>
<td>4.5-7.5</td>
<td>15</td>
<td>20</td>
<td>1.0</td>
<td>30</td>
<td>1.0</td>
<td>15-30</td>
<td>100-150</td>
<td>90-120</td>
<td>70-100</td>
</tr>
<tr>
<td>2 years</td>
<td>6.5-10</td>
<td>20</td>
<td>30</td>
<td>1.5</td>
<td>40</td>
<td>1.5</td>
<td>15-30</td>
<td>120-160</td>
<td>90-120</td>
<td>80-110</td>
</tr>
<tr>
<td>3 years</td>
<td>8.5-12</td>
<td>25</td>
<td>40</td>
<td>2.0</td>
<td>50</td>
<td>2.0</td>
<td>15-30</td>
<td>130-170</td>
<td>90-120</td>
<td>90-130</td>
</tr>
<tr>
<td>4 years</td>
<td>10.5-15</td>
<td>30</td>
<td>50</td>
<td>2.5</td>
<td>60</td>
<td>2.5</td>
<td>15-30</td>
<td>140-180</td>
<td>90-120</td>
<td>100-140</td>
</tr>
<tr>
<td>5 years</td>
<td>12.5-18</td>
<td>35</td>
<td>60</td>
<td>3.0</td>
<td>70</td>
<td>3.0</td>
<td>15-30</td>
<td>150-190</td>
<td>90-120</td>
<td>110-150</td>
</tr>
<tr>
<td>6 years</td>
<td>14.5-20</td>
<td>40</td>
<td>70</td>
<td>3.5</td>
<td>80</td>
<td>3.5</td>
<td>15-30</td>
<td>160-200</td>
<td>90-120</td>
<td>120-160</td>
</tr>
</tbody>
</table>

**TIP:** If a child is particularly big go up one or two years; particularly small go down one or two years.

### Prescribing and administering the drug

The final responsibility for delivery of the correct dose remains that of the physician prescribing and administering the drug.

- **Adrenaline**
  - 0.1 ml/kg of 1:10,000
  - Maximum 10 ml
  - 4 mg 100 ml 12-24 60-110 90-105 100-120

- **Lorazepam**
  - Maximum 4 mg
  - 0.1 mg/kg
  - 50 mg 100 ml 12-24 60-110 90-105 100-120

- **Glucose**
  - Of 5th-95th centile
  - Breath per minute
  - At rest
  - Systolic centile
  - 50th
  - 95th
  - HR centile
  - 5th
  - 95th
  - BP centile

### Supporting paediatric courses

APLS’s educational packages span the entire healthcare pathway for paediatrics, from community care, right through to intensive and critical care.

- **Pre-hospital Paediatric Life Support (PHPLS):** Management of childhood emergencies prior to hospital admission.
- **Child Protection: Recognition and Response (CPRR):** Teaches to recognise the indicators of possible abuse or neglect.
- **Child Protection in Practice (CPP):** Provides specialist training with competencies required for the ongoing child protection practice.
- **Neonatal, Adult and Paediatric Safe Transfer and Retrieval (NASP TAR):** Provides a structured approach to the safe transfer and retrieval of patients.
- **SAFE Community:** Providing support to healthcare professionals in the community setting and public training to ensure that children and young people receive safe care closer to home.


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To book or find out more contact@alsg.org

[www.alsg.org/uk/attend](http://www.alsg.org/uk/attend)

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So much more than resuscitation

Rigorous challenging scenarios by following a structured approach
Practical experiences to ensure life-saving treatment decisions are undertaken
Supported by APLS structure and practice

• Blended learning package including e-modules, practical face to face training with specialty faculty, course manual and supporting online materials for four years
• Structured and sequential approach to learning
• Practical course includes lectures, demos, simulation training and safe environment to practice techniques
• New developed continuous assessment and feedback on competencies - proven benefits to learning and outcomes
• Key areas which need greater understanding and clarity are addressed immediately
• Standard course materials across training programmes creating a consistent language amongst clinicians at all levels
• No single predictor for duration of cardiopulmonary resuscitation
• Literature review shows no DPL, less FAST, ? CT; involve radiologist. Management should be considered for head injuries in cases of neurological indicators. If in any doubt, provide life support
• In hospital settings, number of staff allows many procedures to take place simultaneously. Monitored and tailored by the team leader.

Advanced Paediatric Life Support (APLS)

APLS continues to be the leading course for paediatric specialists, the blended learning package not only focuses on resuscitation but examines emergency treatment options, continues stabilisation techniques, as well as scrutinising the procedures required for a transfer to a definitive care environment for the child.

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