EMERGÊNCIAS PEDIÁTRICAS

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QUEIXAS FREQUENTES NO PA DE PEDIATRIA

- FEBRE
- TOSSE / DIFICULDADE RESPIRATÓRIA
- SUSPEITA DE PNEUMONIA
- CRISE CONVULSIVA
- DOR ABDOMINAL
- QUEDAS / TCE
- BAIXO GANHO DE PESO ?
- SEPSE / CHOQUE SÉPTICO?

O QUE É UMA EMERGÊNCIA PEDIÁTRICA?

ESTOU PREPARADO PARA UMA EMERGÊNCIA PEDIÁTRICA?

News > Medscape Medical News

Pediatric Death Higher in EDs With Lower Pediatric Readiness

Nicola M. Parry, DVM

August 23, 2019

Pediatrics
August 2019
Article

Emergency Department Pediatric Readiness and Mortality in Critically Ill Children

Stefanie G. Ames, Billie S. Davis, Jennifer R. Marin, Ericka L. Fink, Lenora M. Olson, Marianne Gausche-Hill, Jeremy M. Kahn

RESULTS: We studied 20 483 critically ill children presenting to 426 hospitals. The median weighted pediatric readiness score was 74.8 (interquartile range: 59.3–88.0; range: 29.6–100). Unadjusted in-hospital mortality decreased with increasing readiness score (mortality by lowest to highest readiness quartile: 11.1%, 5.4%, 4.9%, and 3.4%; $P < .001$ for trend). Adjusting for age, chronic complex conditions, and severity of illness, presentation to a hospital in the highest readiness quartile was associated with decreased odds of in-hospital mortality (adjusted odds ratio compared with the lowest quartile: 0.25; 95% confidence interval: 0.18–0.37; $P < .001$). Similar results were seen in specific subgroups.

CONCLUSIONS: Presentation to hospitals with a high pediatric readiness score is associated with decreased mortality. Efforts to increase ED readiness for pediatric emergencies may improve patient outcomes.

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O QUE É UMA EMERGÊNCIA PEDIÁTRICA?

EMERGÊNCIAS PEDIÁTRICAS

COMO ESTAR PREPARADO?

Pediatrics
November 2018, VOLUME 142 / ISSUE 5
From the American Academy of Pediatrics
Policy Statement

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Pediatric Readiness in the Emergency Department

Katherine Remick, Marianne Gausche-Hill, Madeline M. Joseph, Kathleen Brown, Sally K. Snow, Joseph L. Wright, AMERICAN ACADEMY OF PEDIATRICS Committee on Pediatric Emergency Medicine and Section on Surgery, AMERICAN COLLEGE OF EMERGENCY PHYSICIANS Pediatric Emergency Medicine Committee, EMERGENCY NURSES ASSOCIATION Pediatric Committee

- POLÍTICAS, GUIDELINES E PROTOCOLOS ESPECÍFICOS PARA DOENÇAS E PROCEDIMENTOS EM PEDIATRIA
- COORDENADOR MÉDICO E ENFERMEIRO DE EMERG PEDIÁTRICA
- MEDICAÇÕES E DOSES CORRETAS CALCULADAS EM KG (PESAR A CRIANÇA)
- EQUIPAMENTOS ESPECÍFICOS PARA CADA FAIXA ETÁRIA (AMBUS, MÁSCARAS, CÂNULAS DE INTUBAÇÃO, MATERIAL DE ACESSO)

ESTOU PREPARADO PARA UMA EMERGÊNCIA PEDIÁTRICA?

News > Medscape Medical News

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interval: 0.18–0.37; *P*< .001). Similar results were seen in specific subgroups.

"As detailed in previous work, the most common reasons for low readiness scores are lack of implementation of ED policies dedicated to children, lack of quality improvement efforts, and absence of a dedicated pediatric emergency care coordinator, all of which are plausibly related to patient outcomes," write Ames and colleagues.

CONCLUSIONS: Presentation to hospitals with a high pediatric readiness score is associated with decreased mortality. Efforts to increase ED readiness for pediatric emergencies may improve patient outcomes.

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Pediatrics
March 2018, VOLUME 141 / ISSUE 3
From the American Academy of Pediatrics
Policy Statement

Pediatric Medication Safety in the Emergency Department

Lee Benjamin, Karen Frush, Kathy Shaw, Joan E. Shook, Sally K. Snow, AMERICAN ACADEMY OF PEDIATRICS Committee on Pediatric Emergency Medicine, AMERICAN COLLEGE OF EMERGENCY PHYSICIANS Pediatric Emergency Medicine Committee, EMERGENCY NURSES ASSOCIATION Pediatric Emergency Medicine Committee

Pediatrics
February 2019, VOLUME 143 / ISSUE 2
From the American Academy of Pediatrics
Policy Statement

Principles of Pediatric Patient Safety: Reducing Harm Due to Medical Care

Brigitta U. Mueller, Daniel Robert Neuspiel, Erin R. Stucky Fisher, COUNCIL ON QUALITY IMPROVEMENT AND PATIENT SAFETY, COMMITTEE ON HOSPITAL CARE

Pediatrics
August 2019
Commentary

The Time Is Now: Uncovering the Value of Pediatric Readiness in Emergency Departments

Katherine E. Remick

Pediatrics
August 2019
Article

Emergency Department Pediatric Readiness and Mortality in Critically Ill Children

Stefanie G. Ames, Billie S. Davis, Jennifer R. Marin, Ericka L. Fink, Lenora M. Olson, Marianne Gausche-Hill, Jeremy M. Kahn

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EMERGÊNCIAS PEDIÁTRICAS

EMERGÊNCIAS PEDIÁTRICAS

CONHECER MEU LOCAL DE TRABALHO

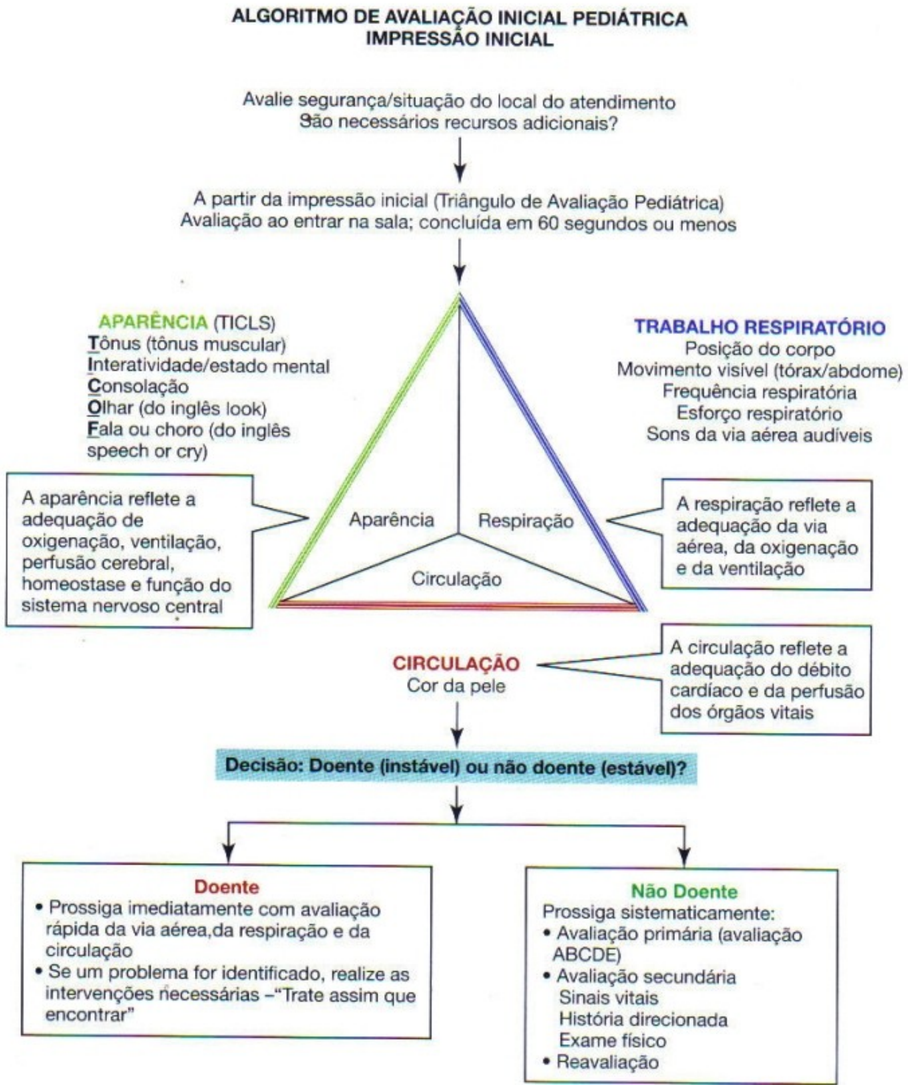
Distância percorrida por semana	Frequência	%	Intervalo de confiança 95%	
			Inferior	Superior
Sul				
Até 25 km	123	34,7	29,6	40,1
De 26 a 50 km	60	16,9	13,3	20,8
De 51 a 100 km	58	16,5	12,6	20,7
De 101 a 250 km	60	17,0	13,2	21,1
251 a 400 km	26	7,3	4,7	10,3
401 km ou mais	23	6,5	4,0	9,1
Não sabe	4	1,1	0,3	2,4
Total	**354**	**100,0**		

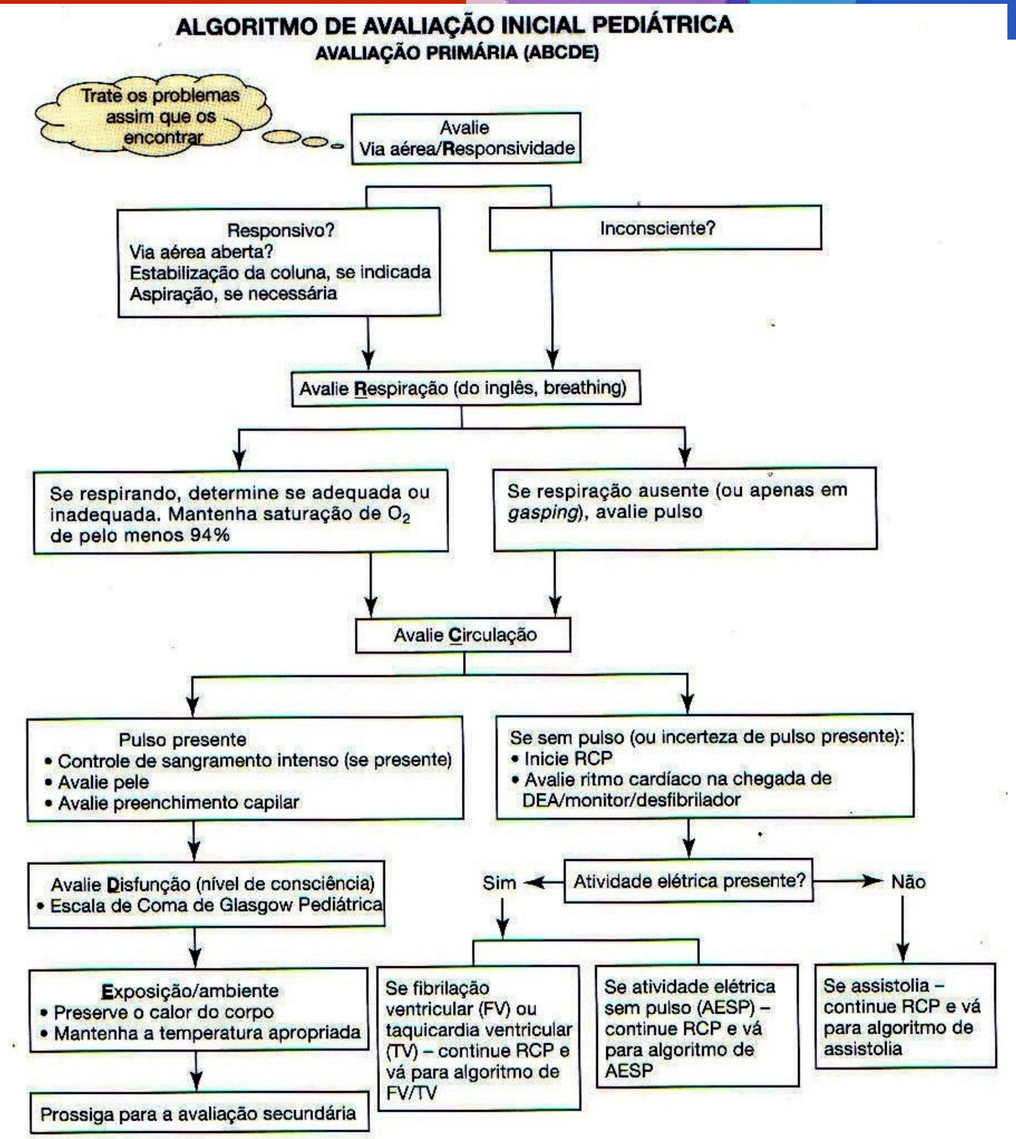
CONHECER MEU LOCAL DE TRABALHO

- FITA BROSELOW

EMERGÊNCIAS PEDIÁTRICAS

RECONHECER E AGILIZAR TRATAMENTO

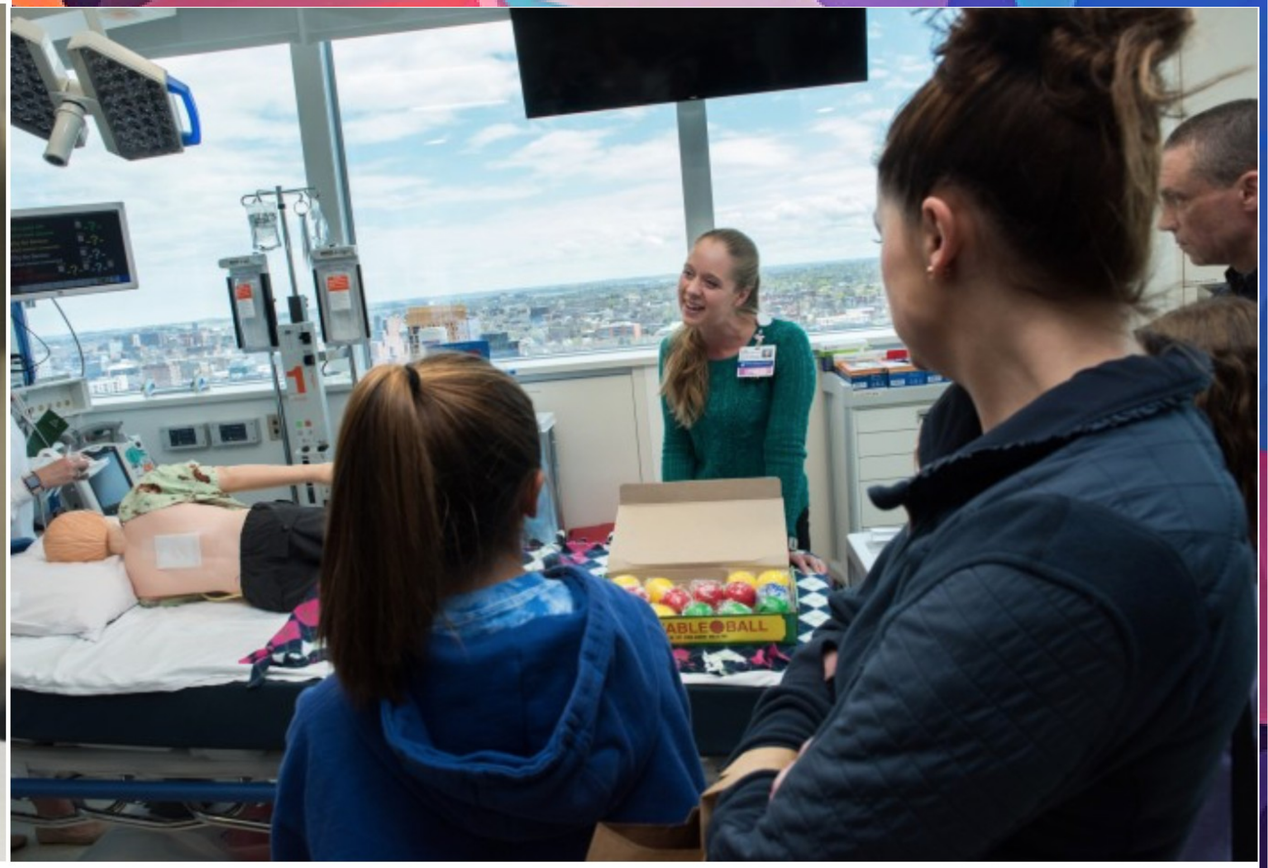




PENSAR NA CRIANÇA

Children use medical play props to become more familiar with the treatment they will receive.

Source: Boston Children's Hospital



Parent caregivers and children observe a child life specialists explain an upcoming procedure.

Source: Boston Children's Hospital

TREINAMENTO MULTIPROFISSIONAL

EMERGÊNCIAS PEDIÁTRICAS

CENTRO DE SIMULAÇÃO REALÍSTICA

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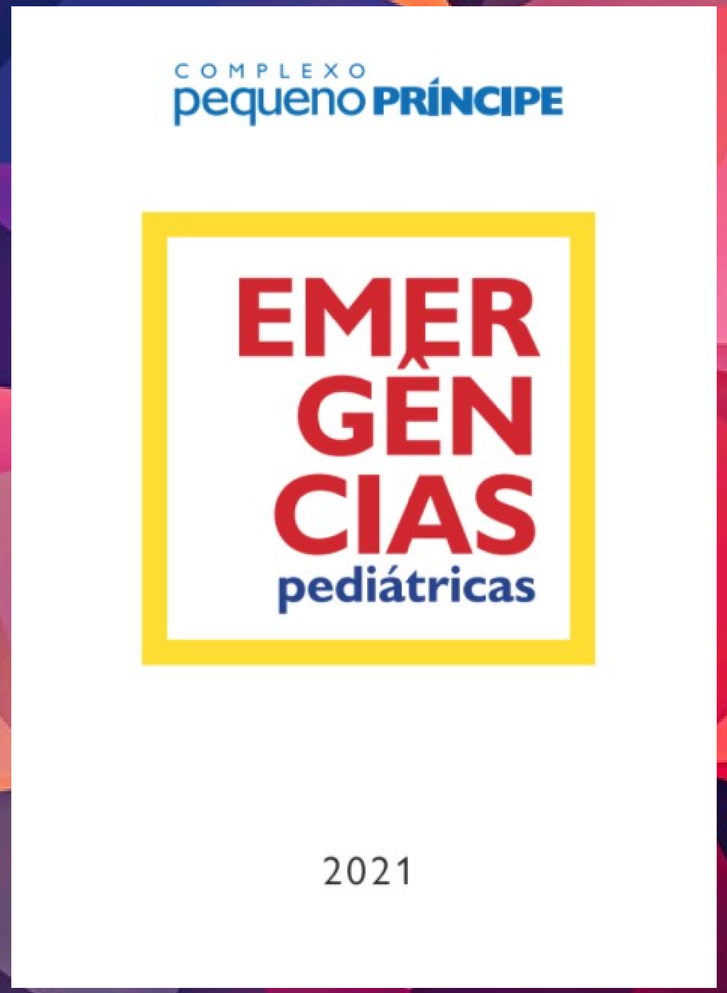
SUPORTE AVANÇADO DE VIDA EM PEDIATRIA



EMERGÊNCIAS PEDIÁTRICAS

2010 - CAB

2015 - 100-120 compressões/min

2020 - 20 a 30 vent/min (uma a cada 2 a 3 seg)
Epinefrina imediatamente

RCP DE ALTA QUALIDADE

- 1. Comprima com força (pelo menos 1/3 do diametro AP do tórax) e **de 100 a 120/min**;
- **2. MINIMIZE AS INTERRUPÇÕES NAS COMPRESSÕES;**
- **3. EVITE VENTILAÇÃO EXCESSIVA;**
- 4. Relação 15:2 sem IOT ; Com IOT relação:
- **20 a 30 ventilações por min (a cada 2 a 3 seg) e compressões contínuas;**
- 5. Alterne quem aplica as compressões a cada 2 min;

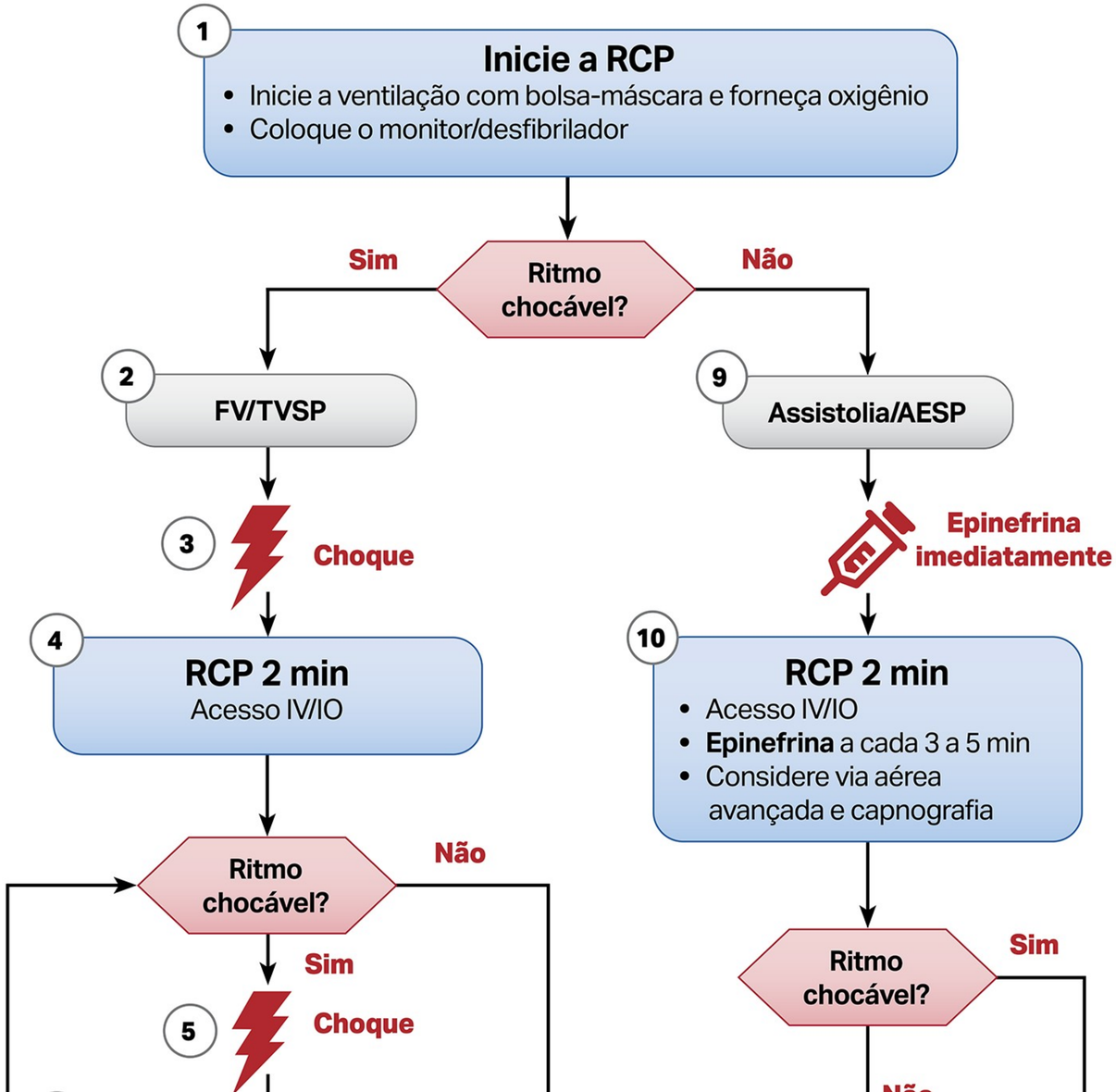
Reduction in Mortality Following Pediatric Rapid Response Team Implementation*

Authors: Kolovos, Nikoleta S.; Gill, Jeff; Michelson, Peter H.; Doct
Source: Pediatric Critical Care Medicine, Volume 19, Number 5, 1

Measurements and Main Results: A Cox proportional hazards model was used to identify the patient characteristics associated with mortality following unplanned PICU admission. Following rapid response team implementation, Pediatric Risk of Mortality, version 3, illness severity was reduced (28.7%), PICU length of stay was less (19.0%), and mortality declined (22%). Relative risk of death following unplanned admission to the PICU after rapid response team implementation was 0.685.

Conclusions: For children requiring unplanned admission to the PICU, rapid response team implementation is associated with reduced mortality, admission severity of illness, and length of stay. Rapid response team implementation led to more proximal capture and aggressive intervention in the trajectory of a decompensating pediatric ward patient. (*Pediatr Crit Care Med* 2018; XX:00–00)

Algoritmo de PCR em pediatria



Qualidade da RCP

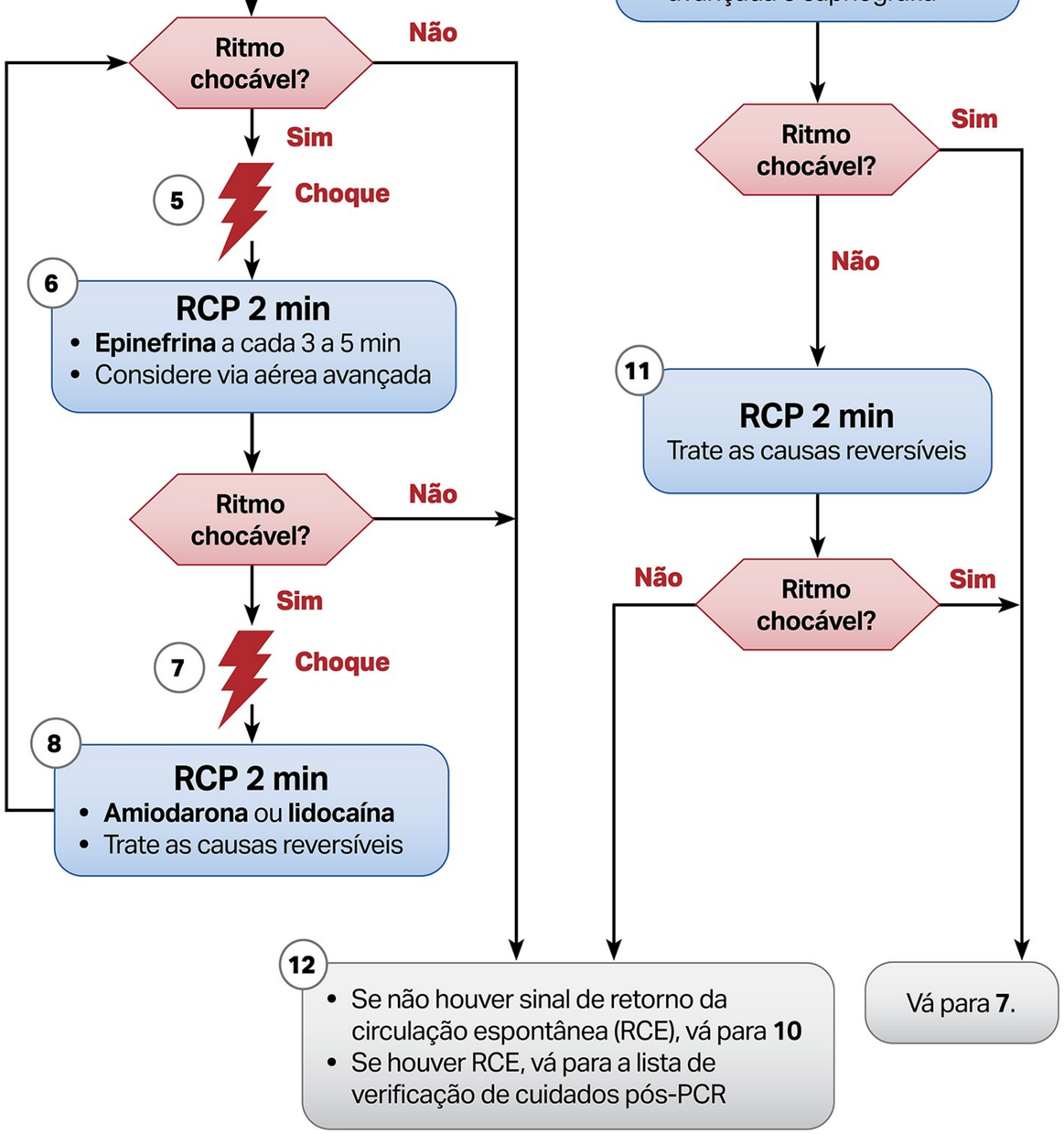
- Comprima com força (≥ ⅓ do diâmetro torácico anteroposterior) e rapidez (de 100 a 120/min) e aguarde o retorno total do tórax
- Minimize as interrupções nas compressões
- Alterne os responsáveis pelas compressões a cada 2 minutos ou antes, em caso de cansaço
- Se estiver sem via aérea avançada, relação compressão-ventilação de 15:2
- Se tiver via aérea avançada, administre compressões contínuas e uma ventilação a cada 2 a 3 segundos

Carga do choque para desfibrilação

- Primeiro choque 2 J/kg
- Segundo choque 4 J/kg
- Choques posteriores ≥4 J/kg, máximo de 10 J/kg ou dose para adulto

Tratamento medicamentoso

- **Dose IV/IO de epinefrina:**
  0,01 mg/kg (0,1 mL/kg da concentração de 0,1 mg/mL).
  ose máxima de 1 mg.
  Repita a cada 3 a 5 minutos.
  Se não tiver acesso IV/IO, pode-se administrar dose endotraqueal:
  0,1 mg/kg (0,1 mL/kg da



Tratamento medicamentoso

- **Dose IV/IO de epinefrina:** 0,01 mg/kg (0,1 mL/kg da concentração de 0,1 mg/mL). ose máxima de 1 mg. Repita a cada 3 a 5 minutos. Se não tiver acesso IV/IO, pode-se administrar dose endotraqueal: 0,1 mg/kg (0,1 mL/kg da concentração de 1 mg/mL).
- **Dose IV/IO de amiodarona:** bolus de 5 mg/kg durante a PCR. Pode ser repetida em um total de até 3 doses para FV/TV sem pulso refratária

  ou

  Lidocaína, dose IV/IO: inicial: dose de ataque de 1 mg/kg

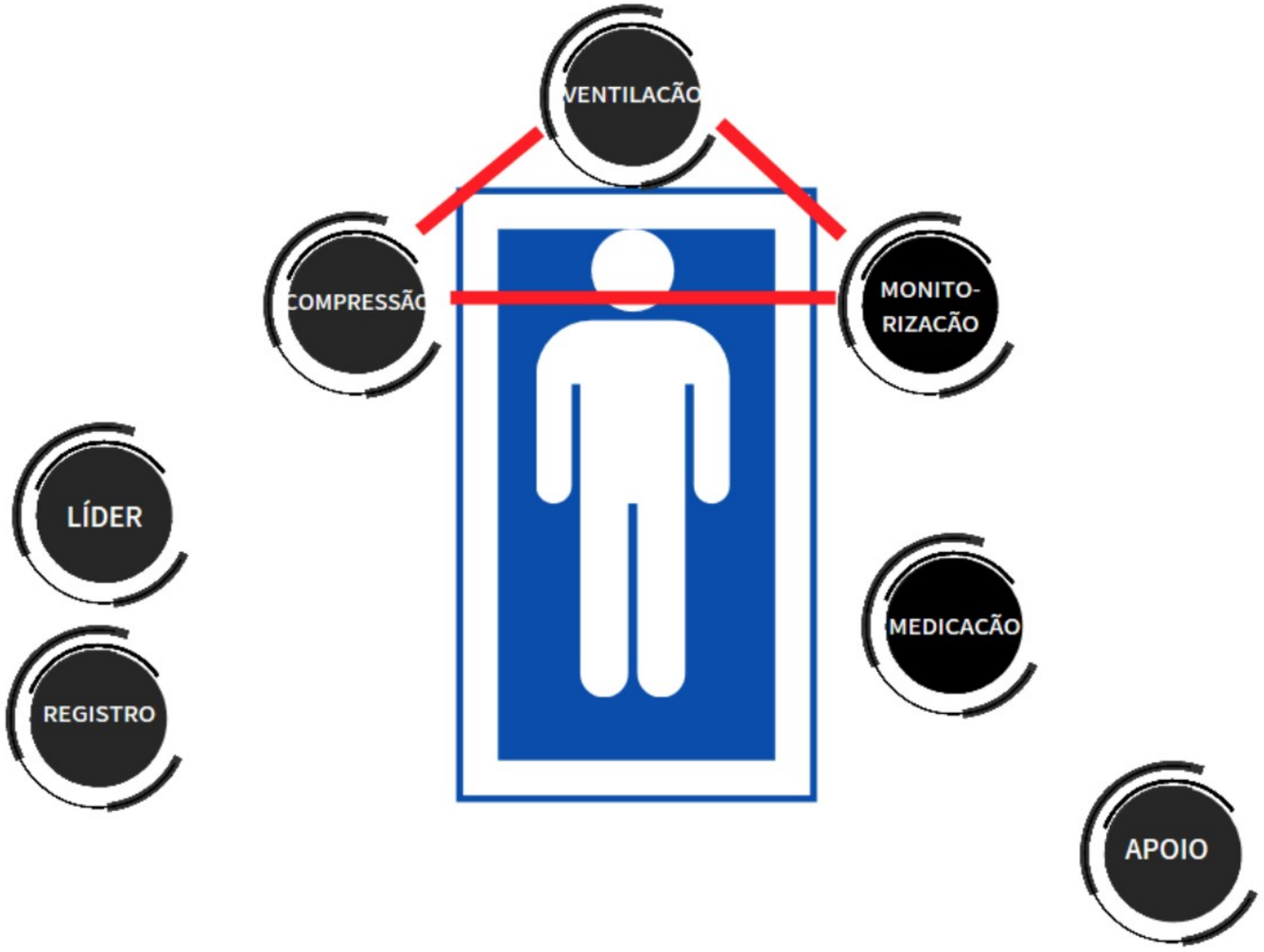
Via aérea avançada

- Intubação endotraqueal ou via aérea extraglótica avançada
- Capnografia com forma de onda ou capnometria para confirmar e monitorar o posicionamento do tubo ET

Causas reversíveis

- **H**ipovolemia
- **H**ipóxia
- **H**idrogênio (acidemia)
- **H**ipoglicemia
- **H**ipo/hipercalemia
- **H**ipotermia
- **T**ensão do tórax por pneumotórax hipertensivo
- **T**amponamento cardíaco
- **T**oxinas
- **T**rombose coronária
- **T**rombose pulmonar

SUPORTE AVANÇADO DE VIDA EM PEDIATRIA



EMERGÊNCIAS PEDIÁTRICAS