

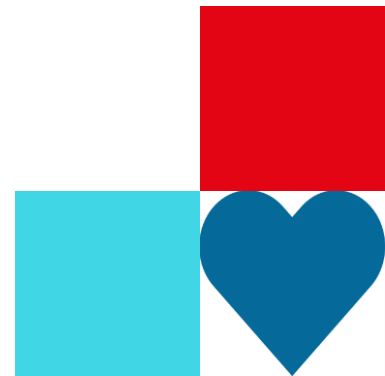


Rozšířená resuscitace dětí, poresuscitační péče a péče po propuštění

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Konflikt zájmů

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5. Paediatric Life Support Science and Education Committee
European Resuscitation Council
6. Předsedkyně České resuscitační rady





Available online at ScienceDirect

Resuscitation

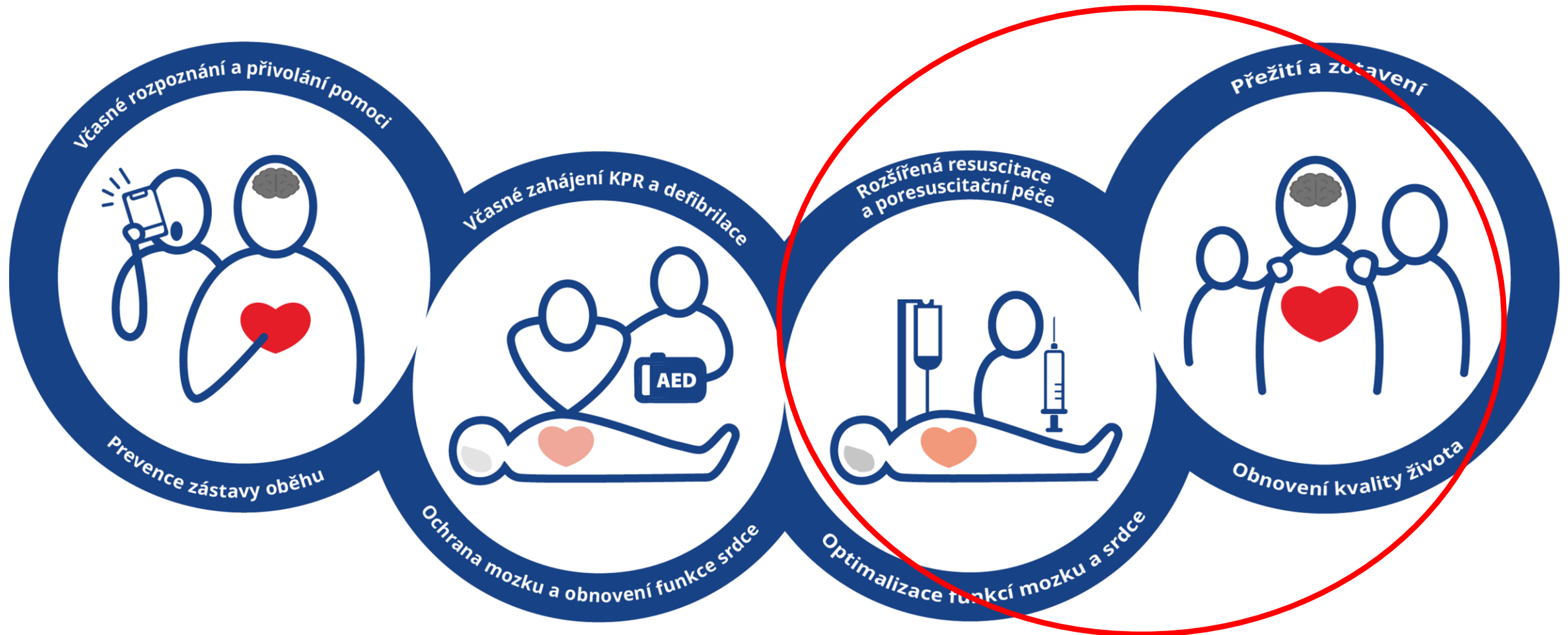
journal homepage: www.elsevier.com/locate/resuscitationEUROPEAN
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Practice Guideline

European Resuscitation Council Guidelines 2025 Paediatric Life Support

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Řetězec přežití



RESUSCITACE DĚTÍ

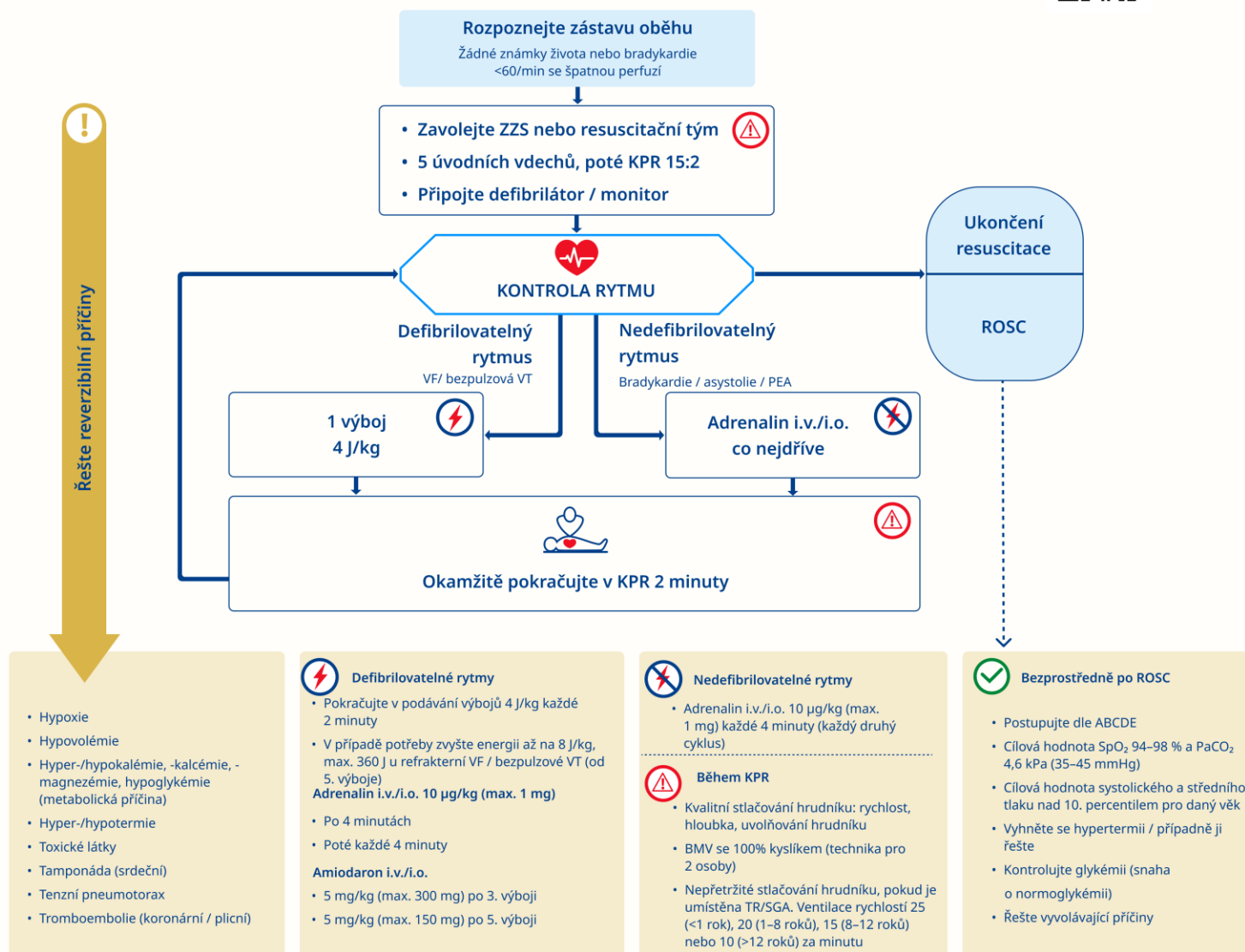
KLÍČOVÁ SDĚLENÍ

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ALGORITMUS ROZŠÍŘENÉ RESUSCITACE DĚTÍ



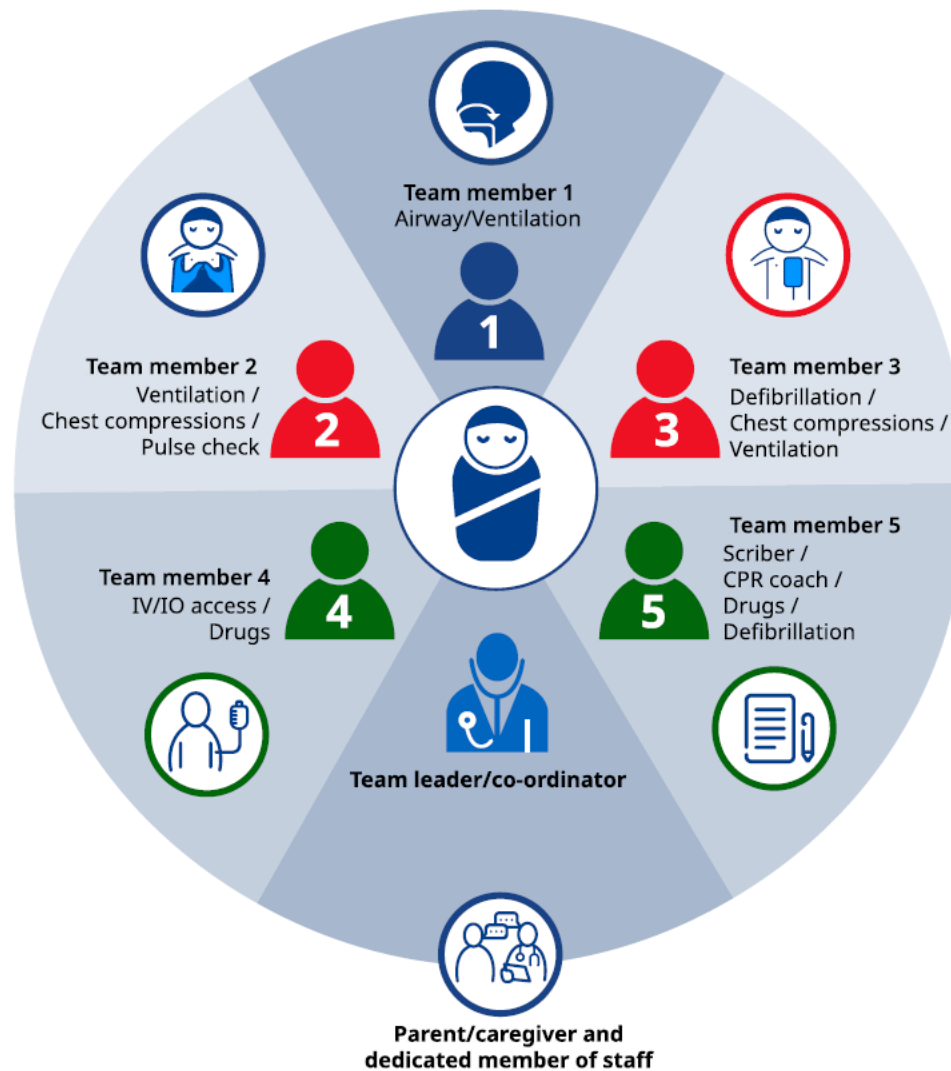
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Team up!



“

Team up!



PAEDIATRIC POST-RESUSCITATION CARE FOLLOW UP



Airway



- Appropriate airway management
- **Goal:** Airway allowing for adequate oxygenation and ventilation

Breathing



- Continuous pulse oximetry and capnography
- Titrate FiO₂ according to SpO₂
- Ventilate with low normal frequency and mild chest rise
- **Goal:** Normoxaemia (94-98%) and normocapnia (4.6-6 kPa (35-45 mmHg))

Circulation



- Repeated blood pressure monitoring
- Treat shock (fluids, vasopressors, inotropes)
- Monitor and treat arrhythmias
- **Goal:** Adequate organ perfusion, SBP and MBP > 10th percentile

Disability



- Treat seizures
- Treat hypoglycaemia
- Treat pain and discomfort
- **Goal:** Neuroprotection

Exposure



- Avoid and manage hyperthermia
- Avoid heat loss in hypothermia
- Identify and treat cause of CA
- Allow family presence
- **Goal:** Neuroprotection and prevention of re-arrest

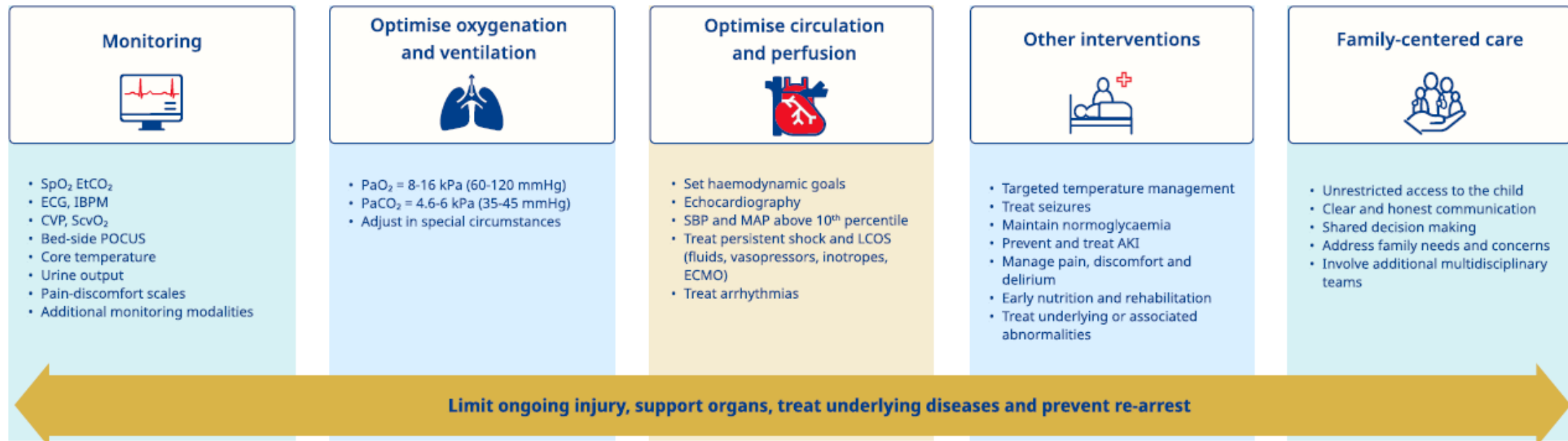


SCAN TO SEE
NORMAL VALUES
FOR DIFFERENT AGES

Poresuscitační péče v nemocnici

IN-HOSPITAL POST-RESUSCITATION CARE

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Navržený diagnostický přístup při prognostikaci

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
					
GCS GLASGOW COMA SCALE	GCS GLASGOW COMA SCALE	GCS GLASGOW COMA SCALE	GCS GLASGOW COMA SCALE	GCS GLASGOW COMA SCALE	GCS GLASGOW COMA SCALE
					
					
					

DIAC ARREST

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Pre-arrest

Post-arrest

- Post-resuscitation care
- Neuromonitoring

Suggested diagnostic work-up with timing



Pupil reactivity to light



Electrophysiology
(e.g. electroencephalography)



Blood samples: lactate, pH, biomarkers
(e.g. S100B, neuron-specific enolase,
myelin basic protein)



Glasgow coma scale



Magnetic resonance imaging brain

Prognózování

Prognostication diagnostic modalities associated with **GOOD** outcome (a)

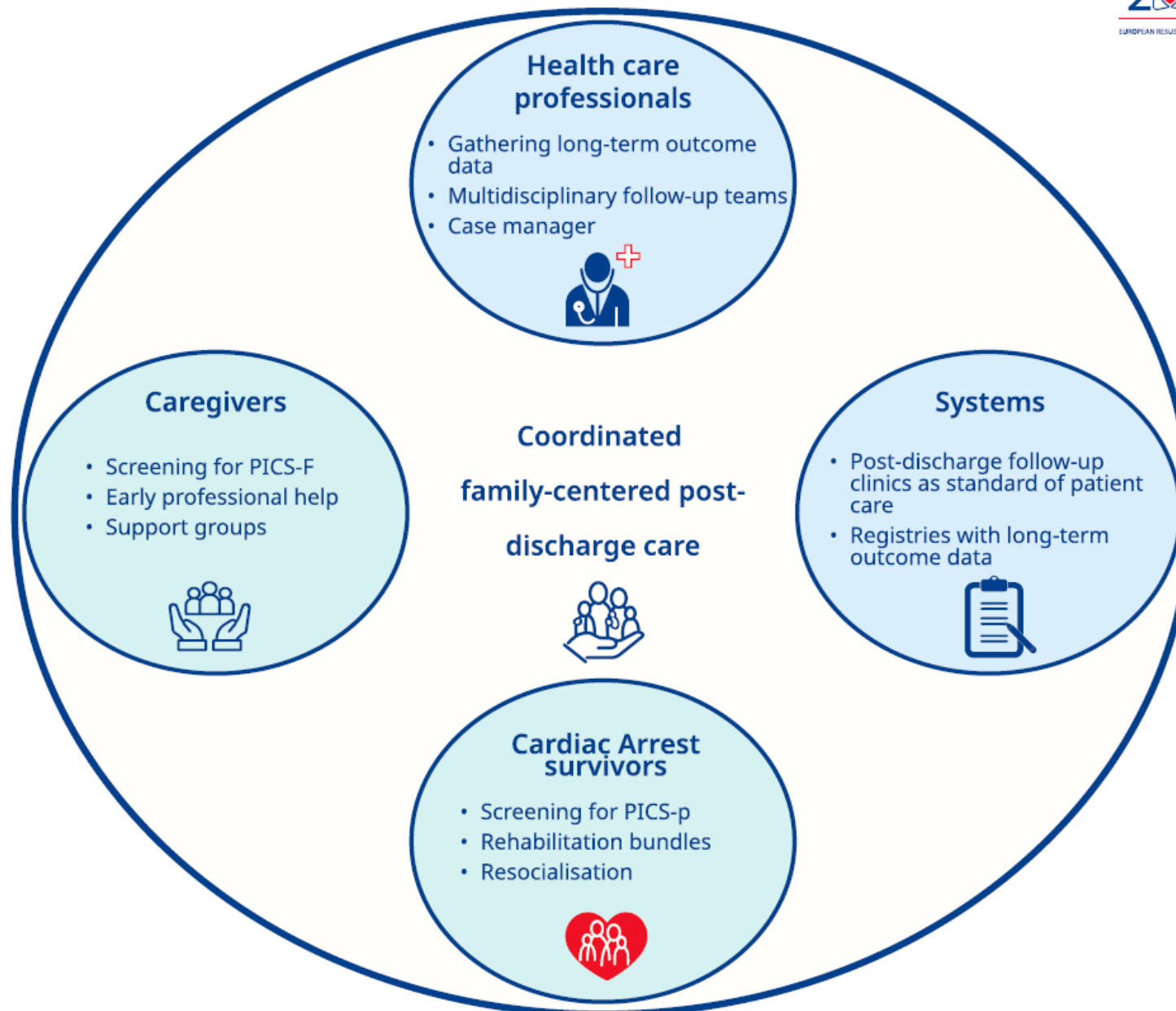
Modality	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
	Bilateral reactive pupillary light response ≤ 12 hours					
	M ≥ 4 at 6 hours					
	Sleep spindles and continuous cortical activity ≤ 24 hours	Presence of N20 response on SSEP at 24-72 hours				
				Normal brain MRI at 4-6 days		
	Lactate $< 2 \text{ mmol L}^{-1}$ ≤ 12 hours, normal S100B, NSE or MBP					

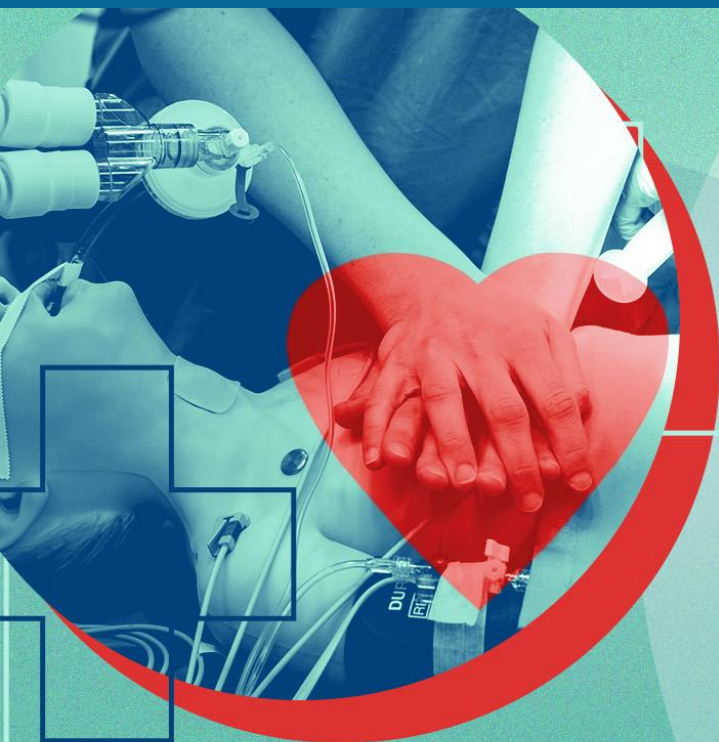
Prognózování

Prognostication diagnostic modalities associated with **POOR** outcome (b)

Modality	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
		Absence of pupillary light reactivity at 48 and 72 hours				
						
		Presence of status epilepticus, burst suppression*, burst attenuation* or GPEDs between 24 and 72 hours				
		Loss of GWM differentiation on CT scan at 24 hours		Abnormal MRI showing high ischemic burden on ADC mapping $\geq$ 72 hours		
						

*despite low levels of sedatives





XIV. ODBORNÉ SYMPOSIUM
ČESKÉ RESUSCITAČNÍ RADY

RESUSCITACE 2025

RESUSCITACE
V ROCE GUIDELINES



21. listopadu 2025
Quality Hotel Brno
Exhibition Centre****

Děkuji za pozornost!