



## PCCL Session: Summary Report and Resources

**PCCL session topic: TIME TO STOP: When a bad situation is not going to get better.**

**Date: September 20, 2024**

### Learning objectives:

- Review prognosis in the context of prolonged resuscitation.
- Review strategies and available support for limiting intervention and withdrawal of life-sustaining measures in children in the ICU.
- Review of guidelines for massive transfusion protocol in pediatrics.

### Case Summary:

17mo previously healthy child who was involved in a motor vehicle accident. They were unresponsive and asystolic on the scene. The child was treated with CPR, multiple bolus doses of epinephrine, blood, Fresh Frozen Plasma, and platelets with greater than 90 minutes until return of spontaneous circulation. Ongoing high dose inotropic support was provided to maintain pulses. The child was taken to the OR.

### Key concepts

- There was discussion of the massive transfusion protocol. There is a need for balanced resuscitation with products (Packed Red Blood Cells, Fresh Frozen Plasma and Platelets) with consideration of electrolytes.
- Administration of blood products is dependent on multiple factors, and could be given by rapid transfuser vs push pull. Minimum weight for rapid transfuser [greater or equal to 25kg].
- For vascular access, there is no preferred side. Ultrasound is an important support in establishing IV access.
- An arterial line can be helpful for both invasive blood pressure monitoring and for blood sampling. Insertion in pediatric is the same as adults. A radial artery is a good first site, but have a low threshold for attempting a femoral arterial line if someone at the site has the expertise to place it.
- The duration of resuscitation can vary based on context or situation. No "right" answer.
- The best way to contact PICU is through PTN, as it will allow the most rapid mechanism to organize transfer, and will also provide the opportunity for virtual video supports. PTN is also the most rapid way to get the Pediatric Trauma Team on the line. PICU can support in the resuscitation, making decisions about when to stop, and can be another support for discussion with families.
- For end-of-life support BCCH will offer things such as hand and foot moulds, hand and footprints, photographs or saving a lock of hair. The BCCH CCON nurse or charge nurse (both reached by 604-875-2133) can provide support and direction for memory making.



## Resources:

- [BCCH End of Life Guideline](#)
- [Provincial Pediatric Major Trauma Summary \(CHBC\)](#)
- [BC Transplant \(Pediatric\)](#)
- [Pediatric Critical Care Resources Webpage](#)
- Link to BCCH Pediatric Critical Care Outreach Nurses (CCON) [CCON Link Pediatric Critical Care Webpage](#)
- Link for Victoria General Hospital Pediatric Critical Care Outreach Team (PCCOT) [PCCOT Link Pediatric Critical Care Webpage](#)
- BCCH Massive transfusion Protocol through SHOP - [C-05-13-60910 Pediatric Massive Transfusion \(healthcarebc.ca\)](#)
- BCCH Rapid Infuser reference guide - [Reference Guide Rapid Infuser from SHOP](#)

The resources shared throughout this session are for reference purposes only. Please consult your health authority leaders for guidance on adoption and use of these resources within your local context.

The advice provided during the PCCL sessions is not intended to replace the clinical judgment of the healthcare providers who are with the patient. While PCCL sessions may suggest recommendations, the final decisions regarding a child's care and treatment should always rest with the healthcare professionals involved in their care at both the referring and receiving centres.

If you need additional in the moment support refer to [Provincial Pediatric Virtual Support Pathways](#)