Latin American Consensus for Pediatric Cardiopulmonary Resuscitation 2017: Latin American Pediatric Critical Care Society Pediatric Cardiopulmonary Resuscitation Committee*

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Abstract

Objectives: To develop a Latin American Consensus about Pediatric Cardiopulmonary Resuscitation. To clarify, reinforce, and adapt some specific recommendations for pediatric patients and to stimulate the implementation of these recommendations in clinical practice. Design: Expert consensus recommendations with Delphi methodology. Setting: Latin American countries. Subjects: Experts in pediatric cardiopulmonary resuscitation from 19 Latin American countries. Interventions: Delphi methodology for expert consensus. Measurements and Main Results: The goal was to reach consensus with all the participating experts for every recommendation. An agreement of at least 80% of the participating experts had to exist in order to deliver a recommendation. Two Delphi voting rounds were sent out electronically. The experts were asked to score between 1 and 9 their level of agreement for each recommendation. The score was then classified into three groups: strong agreement (score 7–9), moderate agreement (score 4–6), and disagreement (score 1–3). Nineteen experts from 19 countries participated in both voting rounds and in the whole process of drafting the recommendations. Sixteen recommendations about organization of cardiopulmonary resuscitation, prevention, basic resuscitation, advanced resuscitation, and postresuscitation measures were
approved. Ten of them had a consensus of 100%. Four of them were agreed by all the participants except one (94.7% consensus). One recommendation was agreed by all except two experts (89.4%), and finally, one was agreed by all except three experts (84.2%). All the recommendations reached a level of agreement.

Conclusions: This consensus adapts 16 international recommendations to Latin America in order to improve the practice of cardiopulmonary resuscitation in children. Studies should be conducted to analyze the effectiveness of the implementation of these recommendations. Copyright © 2017 by the Society of Critical Care Medicine and the World Federation of Pediatric Intensive and Critical Care Societies

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