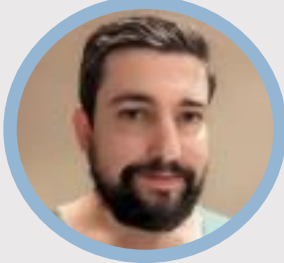


**Febrero
2023**

Infografías Grupo Digital Pediátrico



**DRA
MÓNICA
HERVÍAS**



**DR
RUBÉN
FERRERAS**



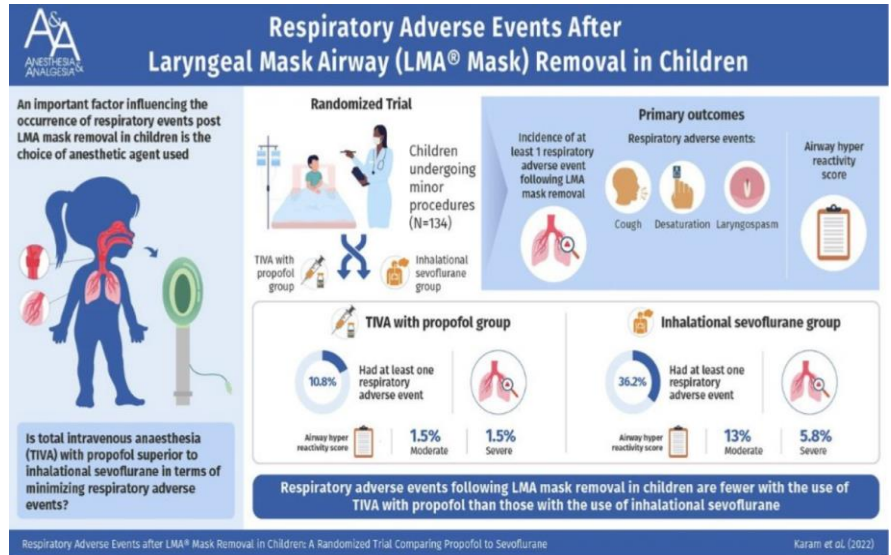
**DR
ANTONIO M
GONZÁLEZ**

SITIO WEB:

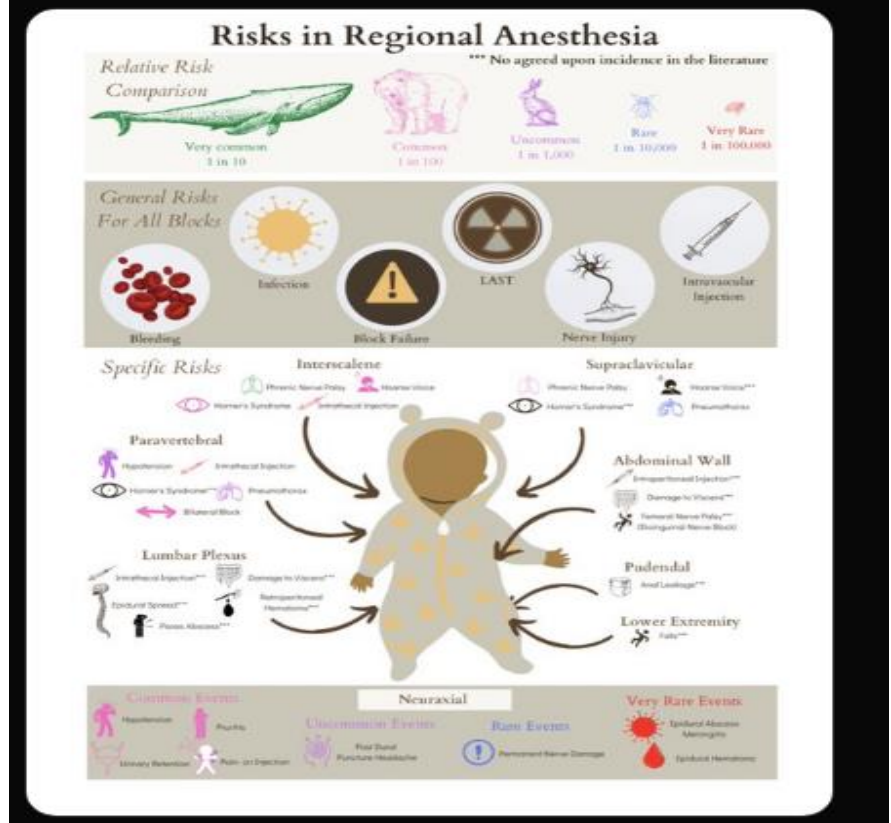
<https://www.sedar.es/index.php/seccion-es-y-grupos-de-trabajo/pediatria>

CORREO ELECTRÓNICO:

seccion_pediatria@sedar.es



#PediátricaSEDAR Anestesia regional en el lactante. Beneficios, ventajas ➡ Disponible en: [baby-blocks.com/the-how-and-wh...](https://www.baby-blocks.com/the-how-and-wh...)
#anespedinfografia



CONGRESO ANESTESIA PEDIATRICA

XIV Congreso Nacional de Anestesiología, Reanimación y Terapéutica del Dolor Pediátrico

Zaragoza
16 al 18 de noviembre 2023

pediatricasedar2023.com
#pediatricasedar

DE MÉDICOS DE ZARAGOZA SEDAR

PEDIÁTRICA SEDAR

Fechas clave del Congreso

16, 17 y 18 de noviembre de 2023
FECHAS DEL CONGRESO

19 de junio de 2023
FECHA LÍMITE DE ENVÍO DE COMUNICACIONES



PediCrisis



LISTAS DE VERIFICACIÓN PARA EVENTOS CRÍTICOS
Para uso en el área de perianestesia

Nuevo E-BOOK "ANESTESIA PEDIATRICA"

58 Autores
7 Países - 24 Capítulos
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Mas de 200 aspectos didácticos y 1500 citas bibliográficas.
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#PediatriaSEDAR Breve recordatorio de la vía aérea pediátrica
Disponibile en bit.ly/3jUgQmS
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Children have an increased metabolism, decreased functional residual capacity (FRC), and decreased small airway diameter. Small airway diseases like asthma and bronchiolitis can cause a significant increase in work of breathing.

Children have more cartilage in their chest wall, which increases chest wall compliance and minimizes elastic recoil. Maintaining tidal volume requires increased work at baseline. Supine positioning for airway management can cause hypoxemia and intrapulmonary shunting.

Newborns have double the oxygen consumption per kg as adults. This is due to the presence of HbF, causing a left shift in the hemoglobin dissociation curve.

Mean time to 90% O2 Desat

<6 months	~1.5
7-23 weeks	~2.5
2-5 years	~3.5
6-30 years	~4.5
31-58 years	~5.5

Infants desaturate at a significantly faster rate than older children and adults. Preoxygenation is critical before intubation to avoid hypoxemia.

Anatomic Considerations

- Large adenoids and tonsils can obstruct ET Tubes and bleed. Avoid blind nasotracheal intubation during acute resuscitation in children <10 yrs.
- High anterior airways restrict visualization of vocal cords. Properly positioned beforehand, and alternate laryngoscope depth to visual cords.
- Small cricoid membrane makes surgical cricoidyostomies difficult. Needle cricoidyostomies recommended for infants when surgical airway needed.
- Diaphragmatic extension required for ventilation. Insufflation of the stomach can compromise this; decompress with a orogastric or nasogastric tube.
- Large head and occiput causes neck to be flexed on a stretcher. Use a shoulder roll to properly position.
- Large tongue can occlude the airway in unconscious patients. Use a jaw thrust and nasopharyngeal airway to maintain ventilation.
- Upper airway and subglottic region prone to inflammation and collapse. Use an uncuffed ET tube, or carefully monitor cuff pressure in micro-cuffed ET tubes.
- The subglottic region is the narrowest part of the pediatric airway.
- Decreased small airway diameters which are less cartilaginous and more prone to collapse during crying and respiratory distress.

Management

Endotracheal Tube Sizing

Use Both:

Broselow-Luten Tape

Uses patient length to estimate ET tube size

Age-Based Rule

ETT Size = $[\text{Age in years}/4] + 4$

EJA

Eur J Anaesthesiol 2022; **39**:642–645

INVITED COMMENTARY

Harmonising paediatric anaesthesia training in Europe

Proposal of a roadmap

Tom G. Hansen, Laszlo Vutskits, Nicola Disma, Karin Becke-Jakob, Jochen Elfren, Peter Frykholm, Andreas Machotta, Markus Weiss and Thomas Engelhardt, on behalf of the Safetots Initiative

Review > *Paediatr Anaesth.* 2022 Feb;32(2):237-246. doi: 10.1111/pan.14378. Epub 2021 Dec 27.

Understanding pediatric ventilation in the operative setting. Part I: Physical principles of monitoring in the modern anesthesia workstation

Johannes Spaeth ^{1, 2}, Stefan Schumann ^{1, 2}, Susan Humphreys ^{3, 4}