

The CPG numbering system has been arranged to match the sections within the PHECC Education & Training Standards. This is indicated by the number after the first dot in the CPG number (4/5/6.2.1).

New	Replacing	Principal updates
<b>CPG 5/6.3.1 Advanced Airway Management – Adult (≥ 8 years)</b>	CPG - A1 Adult Advanced Airway Management	<ul style="list-style-type: none"> <li>introduction of special clinical considerations permitting advanced airway management for breathing patients</li> <li>use of an impedance threshold device (ITD) in the airway circuit has been authorised</li> <li>change terminology from LMA/LT to generic 'supraglottic airway'</li> </ul>
<b>CPG 6.4.5 Foreign Body Airway Obstruction – Adult</b>	CPG – A2 Adult Persistent Foreign Body Airway Obstruction	<ul style="list-style-type: none"> <li>ILCOR Guidelines 2005 have been adopted, which includes up to 5 back blows</li> <li>if intubation attempt is unsuccessful, needle cricothyrotomy has been authorised</li> </ul>
<b>CPG 5/6.3.2 Inadequate Respirations – Adult</b>	CPG – A3 Adult Inadequate Respirations	<ul style="list-style-type: none"> <li>British Thoracic Society Guidelines on the management of asthma (2005) have been adopted</li> <li>the term wheeze has been replaced with bronchospasm</li> <li>an additional limb of congestion/crepitations has been included</li> <li>Ipratropium bromide NEB, Magnesium Sulphate IV, GTN SL and Furosemide IV have been authorised</li> </ul>
<b>CPG 5/6.4.18 Allergic Reaction/ Anaphylaxis – Adult</b>	CPG – A4 Adult Anaphylaxis	<ul style="list-style-type: none"> <li>Hydrocortisone IV/IM has been authorised (in line with the Royal College of Physicians in Ireland recommendations)</li> </ul>

New	Replacing	Principal updates
<b>CPG 4/5/6.4.7 VF or Pulseless VT – Adult</b>	CPG – A5 Adult Ventricular Fibrillation and Pulseless Ventricular Tachycardia	<ul style="list-style-type: none"> <li>• initial assessment and first defibrillation shock has been moved to CPG 4/5/6.4.1 Basic Life Support - Adult</li> <li>• the practice of mobilisation of additional Responders/Practitioners has been introduced for cardiac arrest management</li> <li>• Magnesium sulphate IV has been authorised</li> <li>• mechanical CPR assist devices have been authorised</li> </ul>
<b>CPG 4/5/6.4.11 Pulseless Electrical Activity – Adult</b>	CPG – A6 Adult Pulseless Electrical Activity (PEA)	<ul style="list-style-type: none"> <li>• initial assessment and first defibrillation attempt has been moved to CPG 4/5/6.4.1 Basic Life Support - Adult</li> <li>• the practice of mobilisation of additional Responders/Practitioners has been introduced for cardiac arrest management</li> <li>• mechanical CPR assist devices have been authorised</li> </ul>
<b>CPG 5/6.4.10 Asystole – Adult</b>	CPG – A7 Adult Asystole	<ul style="list-style-type: none"> <li>• initial assessment and first defibrillation attempt has been moved to CPG 4/5/6.4.1 Basic Life Support - Adult</li> <li>• the practice of mobilisation of additional Responders/Practitioners has been introduced for cardiac arrest management</li> <li>• mechanical CPR assist devices have been authorised</li> </ul>
<b>CPG 4/5/6.4.17 Symptomatic Bradycardia – Adult</b>	CPG – A8 Adult Symptomatic Bradycardia	<ul style="list-style-type: none"> <li>• 2nd degree and 3rd degree AV blocks are no longer considered contraindications for Atropine administration</li> <li>• the maximum dose of Atropine has been increased to 3 mg</li> </ul>

New	Replacing	Principal updates
<b>CPG 5/6.4.16</b> <b>Cardiac Chest Pain – Acute Coronary Syndrome</b>	CPG – A9 Adult Cardiac Chest Pain	<ul style="list-style-type: none"> <li>the acquisition of a 12-lead ECG for all chest pain patients</li> <li>Clopidogrel PO, Tenecteplase IV, Enoxaparin IV and Ondansetron IV are authorised</li> <li>a patient with an ST elevation MI may be transported directly to a primary PCI facility</li> </ul>
<b>CPG 4/5/6.2.6</b> <b>Pain Management – Adult</b>	CPG – A10 Adult Pain Management	<ul style="list-style-type: none"> <li>Paracetamol PO, Ibuprofen PO and Ondansetron IV have been authorised</li> <li>special authorisation has been given to Advanced Paramedics to administer Morphine IM if IV not accessible, the patient is cardio-vascularly stable and no cardiac chest pain present</li> </ul>
<b>CPG 5/6.4.20</b> <b>Seizure/Convulsion – Adult</b>	CPG – A11 Adult Seizure Disorders/Convulsions	<ul style="list-style-type: none"> <li>authorisation for Lorazepam IV/IM has been withdrawn</li> <li>Midazolam IV/IM/buccal/IN has been authorised</li> </ul>
<b>CPG 5/6.4.19</b> <b>Glycaemic Emergency – Adult</b>	CPG – A12 Adult Glycaemic Emergencies	<ul style="list-style-type: none"> <li>CPG has been updated for consistency with new format</li> </ul>
<b>CPG 5/6.4.21</b> <b>Septic Shock – Adult and</b> <b>CPG 5/6.6.2</b> <b>Shock from Blood Loss – Adult</b>	CPG – A13 Adult Hypovolaemic Shock	<p>(CPG 5/6.4.21)</p> <ul style="list-style-type: none"> <li>authorisation is given to continue aliquots of 250 mL Hartmann's solution to maintain systolic BP of 100 mmHg</li> </ul> <p>(CPG 5/6.6.2)</p> <ul style="list-style-type: none"> <li>authorisation is given to continue aliquots of 250 mL Hartmann's solution to maintain systolic BP at specific values depending on criteria outlined</li> </ul>

New	Replacing	Principal updates
<b>CPG 5/6.6.3 Spinal Immobilisation – Adult</b>	CPG – A14 Adult Spinal Immobilisation – Decision Tree Advanced	<ul style="list-style-type: none"> <li>the Canadian C-spine rule has been adapted for pre-hospital use</li> <li>new criteria introduced to support the decision not to immobilise specific trauma patients</li> <li>helmet removal is specified</li> <li>rapid extrication for life-threatening conditions is specified</li> </ul>
<b>CPG 4/5/6.4.12 Asystole/PEA – Paediatric</b>	CPG – A50 Paediatric Asystole/ Pulseless Electrical Activity (PEA)	<ul style="list-style-type: none"> <li>the initial assessment and first defibrillation attempt has been moved to CPG 4/5/6.4.2 Basic Life Support – Child</li> <li>advanced airway management has been authorised for paediatric patients</li> <li>the practice of mobilisation of additional Responders/Practitioners has been introduced for cardiac arrest management</li> </ul>
<b>CPG 4/5/6.4.8 VF or Pulseless VT – Paediatric</b>	CPG – A51 Paediatric Ventricular Fibrillation and Pulseless Ventricular Tachycardia	<ul style="list-style-type: none"> <li>initial assessment and first defibrillation attempt has been moved to CPG 4/5/6.4.2 Basic Life Support – Child</li> <li>advanced airway management has been authorised for paediatric patients</li> <li>the practice of mobilisation of additional Responders/Practitioners has been introduced for cardiac arrest management</li> </ul>
<b>CPG 5/6.4.9 Symptomatic Bradycardia – Paediatric</b>	CPG – A52 Paediatric Bradycardia	<ul style="list-style-type: none"> <li>authorisation for Atropine IV/IO has been withdrawn</li> <li>advanced airway management has been authorised for paediatric patients</li> <li>Hartmann’s solution 20 mL/Kg IV/IO has been authorised</li> </ul>

New	Replacing	Principal updates
<b>CPG 5/6.7.9 Glycaemic Emergency – Paediatric</b>	CPG – A53 Paediatric Hypoglycaemia	<ul style="list-style-type: none"> <li>• indication to administer medications has been changed from &lt; 3 mmol/L to &lt; 4 mmol/L for hypoglycaemia</li> <li>• the dose for Dextrose 10% has been increased to 5 mL/Kg</li> <li>• Dextrose 10% IO has been authorised</li> <li>• Sodium Chloride 0.9% IV/IO has been authorised</li> <li>• Glucagon dose for &gt;8 years has been included due to increase in paediatric age range</li> </ul>
<b>CPG 5/6.7.12 Septic Shock – Paediatric and CPG 5/6.7.13 Shock from Blood Loss - Paediatric</b>	CPG – A54 Paediatric Hypovolaemic Shock	(CPG 5/6.7.12) & (CPG 5/6.7.13) <ul style="list-style-type: none"> <li>• authorisation is given to continue aliquots of 20 mL/Kg Hartmann's solution if signs of inadequate perfusion are present</li> </ul>
<b>CPG 5/6.7.8 Allergic Reaction/ Anaphylaxis – Paediatric</b>	CPG – A55 Paediatric Anaphylaxis	<ul style="list-style-type: none"> <li>• Hydrocortisone IV/IM has been authorised (in line with the Royal College of Physicians in Ireland recommendations)</li> </ul>
<b>CPG 5/6.7.5 Inadequate Respirations – Paediatric and CPG 4/5/6.7.6 Stridor – Paediatric</b>	CPG – A56 Paediatric Respiratory Distress	(CPG 5/6.7.5) <ul style="list-style-type: none"> <li>• British Thoracic Society Guidelines on the management of asthma (2005) have been adopted</li> <li>• the term wheeze has been replaced with bronchospasm</li> <li>• Ipratropium bromide NEB and Naloxone IV/IO/IM has been authorised</li> <li>• special authorisation is given to Advanced Paramedics to repeat Salbutamol three times prn at 5 minute intervals</li> </ul> (CPG 4/5/6.7.6) <ul style="list-style-type: none"> <li>• consider FBAO is added</li> <li>• insertion of 'do not insert anything into the mouth if croup or epiglottitis is suspected'</li> </ul>

New	Replacing	Principal updates
<b>CPG 5/6.7.10</b> <b>Seizure/Convulsion – Paediatric</b>	CPG – A57 Paediatric Seizure Disorders/ Convulsions	<ul style="list-style-type: none"> <li>• authorisation for Lorazepam IV/IM has been withdrawn</li> <li>• Diazepam dose has been reduced to 0.1 mg/Kg IV</li> <li>• Midazolam buccal/IN and Paracetamol PO has been authorised</li> <li>• special authorisation has been given to Advanced Paramedics to administer Paracetamol, in the absence of a seizure in the current episode, to a pyrexial patient with a previous history of febrile convulsions</li> </ul>
<b>CPG 4/5/6.7.14</b> <b>Pain Management – Paediatric</b>	CPG – A58 Child Severe Pain Management	<ul style="list-style-type: none"> <li>• Morphine dose has been increased to 0.05 mg/Kg IV and maximum dose of 0.15 mg/Kg IV</li> <li>• Morphine PO and Ondansetron IV has been authorised</li> <li>• authorisation for Tetracaine 4% has been withdrawn</li> </ul>
<b>CPG 4/5/6.4.1</b> <b>Basic Life Support – Adult</b>	CPG 1a Basic Life Support – Adult	<ul style="list-style-type: none"> <li>• separate pathways for unwitnessed and witnessed cardiac arrest</li> <li>• the practice of mobilisation of additional Responders/Practitioners has been introduced for cardiac arrest management</li> <li>• defibrillator may be changed to manual mode</li> </ul>
<b>CPG 4/5/6.4.2</b> <b>Basic Life Support – Child</b>	CPG 1b Basic Life Support – Child	<ul style="list-style-type: none"> <li>• the practice of mobilisation of additional Responders/Practitioners has been introduced for cardiac arrest management</li> <li>• defibrillator may be changed to manual mode</li> </ul>

New	Replacing	Principal updates
<b>CPG 6.4.3</b> <b>Basic &amp; Advanced Life Support – Infant</b>	CPG 1c Basic Life Support – Infant	<ul style="list-style-type: none"> <li>• check blood glucose during cardiac arrest</li> <li>• the practice of mobilisation of additional Responders/Practitioners has been introduced for cardiac arrest management</li> <li>• Epinephrine IV/IO and Amiodarone IV/IO have been authorised</li> </ul>
<b>CPG 5/6.5.2</b> <b>Basic &amp; Advanced Life Support – Neonate</b>	CPG 1d Basic Life Support – Newly Born	<ul style="list-style-type: none"> <li>• check blood glucose during cardiac arrest</li> <li>• the practice of mobilisation of additional Responders/Practitioners has been introduced for cardiac arrest management</li> <li>• Epinephrine IV/IO, Naloxone IV/IM and NaCl IV/IO have been authorised</li> </ul>
<b>CPG 6.4.6</b> <b>Foreign Body Airway Obstruction – Paediatric</b>	CPG 2b Foreign Body Airway Obstruction – Child and CPG 2c Foreign Body Airway Obstruction – Infant	<ul style="list-style-type: none"> <li>• the ILCOR Guidelines 2005 have been adopted, which includes up to 5 back blows for child patients</li> <li>• attempted intubation has been introduced</li> <li>• if intubation attempt is unsuccessful, needle cricothyrotomy has been authorised</li> <li>• following unsuccessful ventilations on an unresponsive patient one cycle of CPR has been introduced</li> </ul>
<b>CPG 5/6.4.13</b> <b>Asystole – Decision Tree</b>	CPG 3b Cardiac Arrest – Asystole – Decision Tree	<ul style="list-style-type: none"> <li>• separate pathways for unwitnessed and witnessed cardiac arrest</li> <li>• recording 10-second ECG strips instead of 30-second ECG strips</li> <li>• emotional support for relatives prior to leaving the scene</li> </ul>
<b>CPG 5/6.4.15</b> <b>Recognition of Death – Resuscitation not Indicated</b>	CPG 3c Recognition of Death – Resuscitation not Indicated	<ul style="list-style-type: none"> <li>• resuscitation not indicated for end stage terminal illness under specific conditions</li> <li>• the inclusion of unwitnessed traumatic cardiac arrest following blunt trauma in the definitive indicators of death</li> </ul>

New	Replacing	Principal updates
<b>CPG 4/5/6.2.1 Primary Survey Medical – Adult and CPG 4/5/6.2.2 Primary Survey Trauma – Adult</b>	CPG 4a Primary Survey – Adult	<ul style="list-style-type: none"> <li>replacement of CUPS with Clinical Status (life threatening, serious not life threat, non-serious or life threat)</li> </ul>
<b>CPG 4/5/6.7.1 Primary Survey Medical – Paediatric and CPG 4/5/6.7.2 Primary Survey Trauma – Paediatric</b>	CPG 4b Primary Survey – Infant/Child	<ul style="list-style-type: none"> <li>replacement of CUPS with Clinical Status (life threatening, serious not life threat, non-serious or life threat)</li> <li>introduction of the Paediatric Assessment Triangle (PAT)</li> </ul>
<b>CPG 5/6.2.4 Secondary Survey Medical – Adult and CPG 5/6.2.5 Secondary Survey Trauma – Adult</b>	CPG 5a Secondary Survey – Adult	(CPG 5/6.2.4) <ul style="list-style-type: none"> <li>Medical Early Warning Score (MEWS) has been introduced</li> </ul> (CPG 5/6.2.5) <ul style="list-style-type: none"> <li>Revised Trauma Score (RTS) has been introduced</li> </ul>
<b>CPG 5/6.7.4 Secondary Survey – Paediatric</b>	CPG 5b Secondary Survey – Infant/Child	<ul style="list-style-type: none"> <li>global assessments are made first followed by focusing on the specific</li> <li>consideration for non-accidental injury being present</li> <li>estimated paediatric weight formula; <math>\text{age} \times 2 + 8</math> in Kg</li> </ul>
<b>CPG 4/5/6.6.4 Burns – Adult and CPG 4/5/6.7.16 Burns – Paediatric</b>	CPG 6a Burns Management	<ul style="list-style-type: none"> <li>CUPS decision is replaced with total body surface area (TBSA) percentage burn to support decision making</li> <li>Hartmann's Solution IV/IO has been authorised</li> <li>the use of burns gel for &gt; 10% TBSA is not recommended due to the hypothermic effect</li> <li>monitor temperature</li> </ul>
<b>CPG 5/6.6.5 Limb Fractures – Adult</b>	CPG 8a Limb Fractures	<ul style="list-style-type: none"> <li>CUPS decision has been removed</li> <li>Advanced Paramedic is authorised to reposition # limb if CSMs are not intact</li> </ul>

New	Replacing	Principal updates
<b>CPG 5/6.5.1 Pre-Hospital Emergency Childbirth</b>	CPG 9a Pre-Hospital Emergency Childbirth	<ul style="list-style-type: none"> <li>measurements for cord clamp placement has been changed from imperial to metric</li> </ul>
<b>CPG 5/6.5.5 Umbilical Cord Complications</b>	CPG 9b Pre-Hospital Emergency Childbirth – Umbilical Cord Complications	<ul style="list-style-type: none"> <li>Advanced Paramedics are required to pre-alert hospital as emergency caesarean section will be required</li> <li>Nifedipine PO has been authorised</li> <li>insertion of urinary catheter and the infusion of NaCl into the bladder have been authorised</li> </ul>
<b>CPG 5/6.5.6 Breech Birth</b>	CPG 9c Pre-Hospital Emergency Childbirth – Breech Birth	<ul style="list-style-type: none"> <li>CPG has been updated for consistency with new format</li> </ul>
<b>CPG 5/6.4.27 Altered Level of Consciousness – Adult</b>	CPG 11a Altered Level of Consciousness	<ul style="list-style-type: none"> <li>a list of 14 possible causes is given and directs the Advanced Paramedic to an appropriate CPG</li> </ul>
<b>CPG 6.4.29 Mental Health Emergency</b>	CPG 12a Behavioural Emergency – Acutely Disturbed	<ul style="list-style-type: none"> <li>role of mental health team (including GP) has been outlined</li> <li>Practitioner should be accompanied by a second person in the saloon of the ambulance if the patient has potential to harm self or others</li> <li>Midazolam IV/IM and Lorazepam PO have been authorised</li> <li>identification of psychostimulant toxicity is required</li> <li>an aid to Capacity Evaluation has been added</li> </ul>
<b>CPG 4/5/6.4.28 Behavioural Emergency</b>	CPG 12b Behavioural Emergency – Uncooperative Patient	<ul style="list-style-type: none"> <li>practitioner should be accompanied by a second person in the saloon of the ambulance if the patient has potential to harm self or others</li> <li>an aid to Capacity Evaluation has been added</li> </ul>

New	Replacing	Principal updates
<b>CPG 4/5/6.8.1 Major Emergency (Major Incident) – First Practitioner on-site of</b>	CPG 14a Major Emergency (Major Accident) – The First Ambulance Crew	<ul style="list-style-type: none"> <li>CPG has been updated for consistency with new format. This incorporates detail from the Framework for Major Emergency Management</li> </ul>
<b>CPG 4/5/6.8.2 Major Emergency (Major Incident) – Operational Control</b>	CPG 14b Major Emergency (Major Incident) – Operational Control	<ul style="list-style-type: none"> <li>CPG has been updated for consistency with new format. This incorporates detail from the Framework for Major Emergency Management</li> </ul>
<b>CPG 4/5/6.8.3 Triage Sieve</b>	CPG 14c Major Emergency (Major Incident) – Triage Sieve	<ul style="list-style-type: none"> <li>CPG has been updated for consistency with new format</li> </ul>
<b>CPG 5/6.8.4 Triage Sort</b>	CPG 14d Major Emergency (Major Incident) – Triage Sort	<ul style="list-style-type: none"> <li>CPG has been updated for consistency with new format</li> </ul>

New CPGs	New skills and medications
<b>CPG 5/6.3.3 Exacerbation of COPD</b>	<ul style="list-style-type: none"> <li>Oxygen therapy has been updated to reflect new clinical practice</li> <li>Ipratropium bromide NEB has been introduced</li> <li>Hydrocortisone IM/IV has been introduced</li> </ul>
<b>CPG 5/6.4.14 Post Resuscitation Care – Adult</b>	<ul style="list-style-type: none"> <li>fluid infusion calculations</li> <li>temperature reading</li> <li>the practice of mobilisation of additional Responders/ Practitioners has been introduced for cardiac arrest management</li> <li>active cooling of patient</li> <li>authorisation for NaCl IV/IO (at 4oC), Atropine IV/IO and Amiodarone IV/IO infusion administration</li> </ul>
<b>CPG 5/6.4.22 Stroke</b>	<ul style="list-style-type: none"> <li>FAST assessment</li> <li>authorisation to transport patient directly to hospital with specialised stroke unit</li> </ul>

New CPGs	New skills and medications
<b>CPG 6.4.23</b> <b>Poisons – Adult</b>	<ul style="list-style-type: none"> <li>• decontamination principals</li> <li>• consider contacting National Poison Information Centre for advice</li> <li>• identification of Paraquat, Tricyclic, Organophosphate and Psychostimulant poisoning</li> <li>• check blood glucose for suspected alcohol induced poison/ OD</li> <li>• authorisation for Sodium Bicarbonate IV, Atropine IV and Midazolam IV/IM administration</li> </ul>
<b>CPG 6.4.24</b> <b>Hypothermia</b>	<ul style="list-style-type: none"> <li>• remove patient horizontally from liquid immersion</li> <li>• temperature reading</li> <li>• administer warmed Oxygen (if possible) to hypothermic patients</li> <li>• active rewarming (except for cardiac arrest, no active rewarming beyond 32°C)</li> <li>• provide hot sweet drinks for mild hypothermia</li> <li>• special provision applies to medication administration for temperatures <math>\leq 34^{\circ}\text{C}</math></li> <li>• defibrillation is limited to three shocks for patients with temperatures <math>&lt; 30^{\circ}\text{C}</math></li> <li>• transport decisions; head forward for helicopter and head aft for boat</li> <li>• authorisation for NaCl IV (40°C) administration</li> </ul>
<b>CPG 4/5/6.4.25</b> <b>Epistaxis</b>	<ul style="list-style-type: none"> <li>• no new skills or medications are incorporated into the CPG</li> </ul>
<b>CPG 4/5/6.4.26</b> <b>Decompression Illness</b>	<ul style="list-style-type: none"> <li>• treat in supine position</li> <li>• consider diving buddy as a possible patient also</li> <li>• transport dive computer and diving equipment with patient</li> <li>• authorisation for Hartmann's Solution IV administration</li> </ul>
<b>6.4.30</b> <b>Significant Nausea &amp; Vomiting – Adult</b>	<ul style="list-style-type: none"> <li>• authorisation to use Cyclizine or Ondansetron for nausea &amp; vomiting other than post-Morphine administration</li> </ul>
<b>CPG 5/6.5.3</b> <b>Haemorrhage in pregnancy prior to delivery</b>	<ul style="list-style-type: none"> <li>• do not examine abdomen or vagina if pregnancy is <math>\geq 24</math> weeks (anti partum haemorrhage)</li> </ul>
<b>CPG 5/6.5.4</b> <b>Postpartum Haemorrhage</b>	<ul style="list-style-type: none"> <li>• external massage of the uterus</li> <li>• consider inserting a urinary catheter</li> <li>• authorisation for Syntometrine IM administration</li> </ul>

New CPGs	New skills and medications
<b>CPG 4/5/6.6.1</b> <b>External Haemorrhage – Adult</b>	<ul style="list-style-type: none"> <li>• tourniquet application</li> <li>• application of digital pressure to pressure points</li> </ul>
<b>CPG 5/6.6.6</b> <b>Head injury – Adult</b>	<ul style="list-style-type: none"> <li>• 10° upward head tilt if GCS is ≤ 8</li> <li>• maintain systolic blood pressure of &gt;120 mmHg if GCS is ≤8</li> <li>• transport to most appropriate ED (according to local protocol)</li> </ul>
<b>CPG 4/5/6.6.7</b> <b>Submersion incident</b>	<ul style="list-style-type: none"> <li>• remove patient horizontally from liquid immersion</li> <li>• all patients who have experienced a submersion incident should be transported to ED regardless of clinical status post event</li> <li>• authorisation for Salbutamol NEB administration</li> </ul>
<b>CPG 5/6.6.8</b> <b>Crush Injury</b>	<ul style="list-style-type: none"> <li>• insert two large bore IV cannulae</li> <li>• commence IV fluids prior to release (if possible) when significant compression force applied</li> <li>• co-ordinate with rescue personnel on release timing</li> <li>• consider mobile surgical team if patient cannot be released in timely manner</li> <li>• authorisation for NaCl administration</li> </ul>
<b>CPG 5/6.6.9</b> <b>Traumatic Cardiac Arrest – Adult</b>	<ul style="list-style-type: none"> <li>• differentiation between blunt and penetrating trauma</li> <li>• consider ceasing resuscitation</li> </ul>
<b>CPG 4/5/6.7.7</b> <b>Advanced Airway Management – Paediatric (&lt;8 years)</b>	<ul style="list-style-type: none"> <li>• endotracheal intubation for paediatric patients</li> <li>• supraglottic airway insertion for paediatric patients</li> </ul>
<b>CPG 4/5/6.7.11</b> <b>External Haemorrhage – Paediatric</b>	<ul style="list-style-type: none"> <li>• tourniquet application</li> <li>• application of digital pressure to pressure points</li> </ul>
<b>CPG 5/6.7.15</b> <b>Spinal Immobilisation – Paediatric</b>	<ul style="list-style-type: none"> <li>• helmet removal</li> <li>• rapid extrication for life threatening conditions</li> <li>• criteria have been introduced to support the decision not to immobilise specific trauma patients</li> <li>• immobilising patient in child seat (if applicable)</li> </ul>
<b>CPG 5/6.8.5</b> <b>Conducted Electrical Weapon (Taser)</b>	<ul style="list-style-type: none"> <li>• Taser Gun safety</li> <li>• Taser Gun barb removal</li> <li>• identification of excited delirium</li> <li>• Garda to accompany patient post-Taser deployment</li> </ul>