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**Materials and methods:** In this retrospective study, we included OHCAs under 18 years old with initial ventricular fibrillation shocked by an automated external defibrillator (AED) from basic life support (BLS) crews. We collected the delivered energy-dose (delivered energy/patient’s weight) for each shock and the pads’ type (PP, AP). Primary outcome was the Return of an Organized Rhythm (ROOR) at 60 s post-shock, secondary outcome the survival at hospital admission. We compared the median of the mean shock energy-dose between patients admitted alive at hospital and those declared dead at the scene. Wilcoxon’s test with a *p*-value <0.05 was considered statistically significant.

**Results:** From January 2010 to December 2018, 23 children were included: 15 (62.5%) shocked with AP, 8 (33.3%) with PP. In total, 52 shocks were delivered, 40 using AP and 12 using PP. Primary and secondary outcomes are reported according to the delivered energy-dose and the type of pads, in Fig. 1A and B, respectively.

Statistics are reported in Fig. 1C.

Regarding PP, ROOR success was associated with a significantly lower needed energy-dose (*p* = 0.017). In contrast there was no association between outcomes and energy-doses considering AP, probably due to a small sample size.

**Conclusions:** A difference in energy dose was observed only for patients treated with PP, statistically significant for ROOR at 60s but not for the transportation to hospital. A thorough and multivariate study will be necessary.

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