8.07 PEDIATRIC CARDIAC ARREST

BLS – FAQ Link

Assess **Vital Signs,** ABC's and responsiveness, high flow **Oxygen** via BVM with BLS airway as indicated, apply AED, use pediatric pads if available (high flow via BVM with BLS airway as indicated)

START CPR (15:2)

ALS

Advanced airway management as indicated, attach defibrillator, establish IV/IO access, and correct **Reversible Causes**. See current AHA guidelines for additional details. Perform pulse and rhythm checks every 2 minutes

Continue CPR until ROSC or termination of efforts

Shockable Rhythm?

Yes → Defibrillation (First shock 2 J/kg)

→ **Shockable Rhythm?**

No → **Epinepherine**
0.01 mg/kg IVP/IO (1:10,000). Maximum dose 1mg.
May repeat q3-5min

Yes → Defibrillation (Second shock 4 J/kg)

→ **Epinepherine**
0.01 mg/kg IVP/IO. (0.1mg/1ml)
Maximum single dose 1mg.
May repeat q3-5min

→ **Shockable Rhythm?**

Yes → Defibrillation (All subsequent shocks increase by 2 J/kg based on number of previous shocks administered. Maximum 10J/kg)

→ **Amiodarone**
5 mg/kg IVP/IO. Maximum total dose 300 mg.
May repeat up to 3 doses total.

If amiodarone is unavailable:

Lidocaine
0.5 mg/kg IV/IO. Maximum dose 50 mg.

Reversible Causes:
Hypoxia
Hydrogen ion (acidosis)
Hypovolemia
Hypokalemia
Hyperkalemia
Hypoglycemia
Hypothermia

Toxins
Tamponade (cardiac)
Tension pneumothorax
Thrombosis (pulmonary)
Thrombosis (cardiac)

For patients with advanced airways administer breaths at age appropriate rate and monitor with EtCO2 for signs of ROSC

Make Base Hospital Contact
Termination of efforts

ROSC? Begin post cardiac arrest care

Effective: 04/01/24
Supersedes: 03/15/15

8.07 PEDIATRIC CARDIAC ARREST

BLS Treatment
• Assess circulation, airway, breathing, and responsiveness. • **Oxygen** (high flow via BVM as indicated) • Start CPR (15:2) • Apply AED, use pediatric pads, if available • Perform pulse & rhythm checks Q2 minutes
ALS Treatment **Current American Heart Association Guidelines concerning Emergency Cardiac Care assessments and interventions shall always take precedence over local protocols when there is a conflict concerning techniques of resuscitation.**
• Defibrillation (First shock 2 J/kg, Second shock 4 J/kg, All subsequent shocks increase by 2 J/kg based on number of previous shocks administered. Maximum 10 J/kg) • Advanced airway if indicated. For patients with advanced airways administer breaths at age-appropriate rate and monitor with EtCO2 to assess compression quality and for signs of ROSC • **Epinephrine** 0.01 mg/kg IVP/IO (0.01mg/1 mL). Maximum single dose 1mg. May repeat q3-5 min. • IV/ IO **Normal Saline** fluid bolus. • **Amiodarone** 5mg/kg IVP/IO. Maximum total dose 300mg. May repeat up to 3 doses total. ***If amiodarone is unavailable:*** **Lidocaine 0.5mg/kg IV/IO. Maximum dose 50mg** • Reversible Causes: hypoxia, hydrogen ion (acidosis), hypovolemia, hypokalemia, hyperkalemia, hypoglycemia, hypothermia, toxins, tamponade (cardiac), tension (pneumothorax, thrombosis (pulmonary), thrombosis (cardiac)
Base Hospital Contact Criteria
Termination of efforts.