

PEDIATRIC PULSELESS ARREST

History:

- Time of arrest
- Possibility of foreign body
- Hypothermia
- SAMPLE

Signs and Symptoms:

- Unresponsive
- Cardiac arrest

Differential:

- Respiratory failure
 - Foreign body
 - Secretions
 - Infection (croup, epiglottitis)
- Hypovolemia (dehydration)
- Congenital heart defect
- Trauma/physical abuse
- Tension pneumothorax
- Hypothermia
- Toxin, poison, or medication
- Hypoglycemia
- Acidosis

USE THE BROSELOW TAPE
to determine the patient's weight!
USE THE PEDIATRIC COLOR
CODING DRUG LIST!

AEMT Units: Use CARDIAC
ARREST – AED Protocol

CORE

CPR While Connecting
Cardiac Monitor/Pads

DEFIBRILLATOR

Legend

EMT

AEMT

Paramedic

Medical Consult

Ventricular fibrillation / pulseless
ventricular tachycardia

DEFIBRILLATION
Immediate CPR 2 minutes

IV / IO

Epinephrine
Repeat every 3-5 minutes

Amiodarone

Medical Consult

Asystole / PEA

IV / IO

Epinephrine
Repeat every 3-5 minutes

Consider All Causes

- Hypoxemia
- Hypovolemia
- Hypothermia
- Hypo/hyperkalemia and metabolic disorders
- Tamponade
- Tension pneumothorax
- Toxins/poisons/drugs
- Thromboembolism

Pearls:

- Each defibrillation should be immediately followed by two minutes of effective CPR. (repeat drugs as per drug list)
- Initial efforts should be concentrated on resuscitation. The resuscitation attempt should continue on scene for a minimum of 30 minutes unless extenuating circumstances exist.
- High quality CPR with minimal interruptions have a greater impact on patient outcome than ET, drug or other ACLS therapy.
- Keys to an effective cardiac arrest resuscitation effort includes using the CPR-HD script, timing device (Stop-watch), and a metronome if available.
- IV/IO are the preferred routes of medications administration and initiation of an IV/IO takes precedence over securing an advanced airway. ET is no longer an acceptable route for medication administration.
- Deliver continuous chest compressions (minimum 100 and no more than 120 per minute) without pause for ventilations. Ventilations should be no more than 10 per minute. **AVOID Hyperventilation!**
- Termination of Efforts is contraindicated in pediatric patients.