

PEDIATRIC PULSELESS ARREST

ALWAYS USE BODY SUBSTANCE ISOLATION PRECAUTIONS

INDICATION

- Pulseless, chaotic, disorganized electrical rhythm (Ventricular Fibrillation/ VF)
- Pulseless, organized “wide complex” rhythm, rate > 150/ min (Ventricular Tachycardia/ VT)
- Electrical activity other than VF or VT that does not produce a palpable pulse (Asystole, Pulseless Electrical Activity/ PEA)

CRITICAL INFORMATION

- Treat according to length based color-coded resuscitation tape. Apply corresponding wrist band.
- Monophasic and biphasic doses are the same
- Witnessed or unwitnessed
- Bystander CPR
- If arrest witnessed, time without CPR

TREATMENT

- CPR for 2 minutes then treat according to length based color-coded tape or see below
- ALS RMC
 - **VF/ VT:**
 - Defibrillate: Manual - 2 J/kg; if unavailable use AED with dose attenuator; CPR for 2 minutes
 - Defibrillate: Manual - 4 J/kg; if unavailable use AED with dose attenuator; CPR for 2 minutes
 - **Epinephrine** IV/IO (1:10,000) 0.01mg/kg; repeat q 3-5 min.
 - CPR for 2 minutes
 - Defibrillate: Manual - 4 J/ kg; if unavailable use AED with dose attenuator; CPR for 2 minutes
 - **Amiodarone** 5 mg/kg IVP/IO (max. dose 300 mg); may repeat up to two times for refractory rhythm
 - **Asystole/ PEA:**
 - **Epinephrine** IV/ IO (1:10,000) 0.01 mg/kg; repeat q 3-5 min.
 - Give 5 cycles of CPR and reassess rhythm

SPECIAL CONSIDERATION

- If unable to access IV/IO, **Epinephrine** (1:1,000) ET 0.1mg/ kg; repeat q 3-5 min
- If pediatric dose attenuator is not available, use a standard AED
- Consider and treat possible contributing factors:

<ul style="list-style-type: none"> ▪ Hypovolemia ▪ Hypoxemia ▪ Hydrogen ion (acidosis) ▪ Hypo/Hyperkalemia ▪ Hypoglycemia ▪ Hypothermia 	<ul style="list-style-type: none"> ▪ Toxins (overdoses) ▪ Tamponade, cardiac ▪ Tension pneumothorax ▪ Thrombosis (coronary / pulmonary) ▪ Trauma
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