

# 8.07 PEDIATRIC CARDIAC ARREST

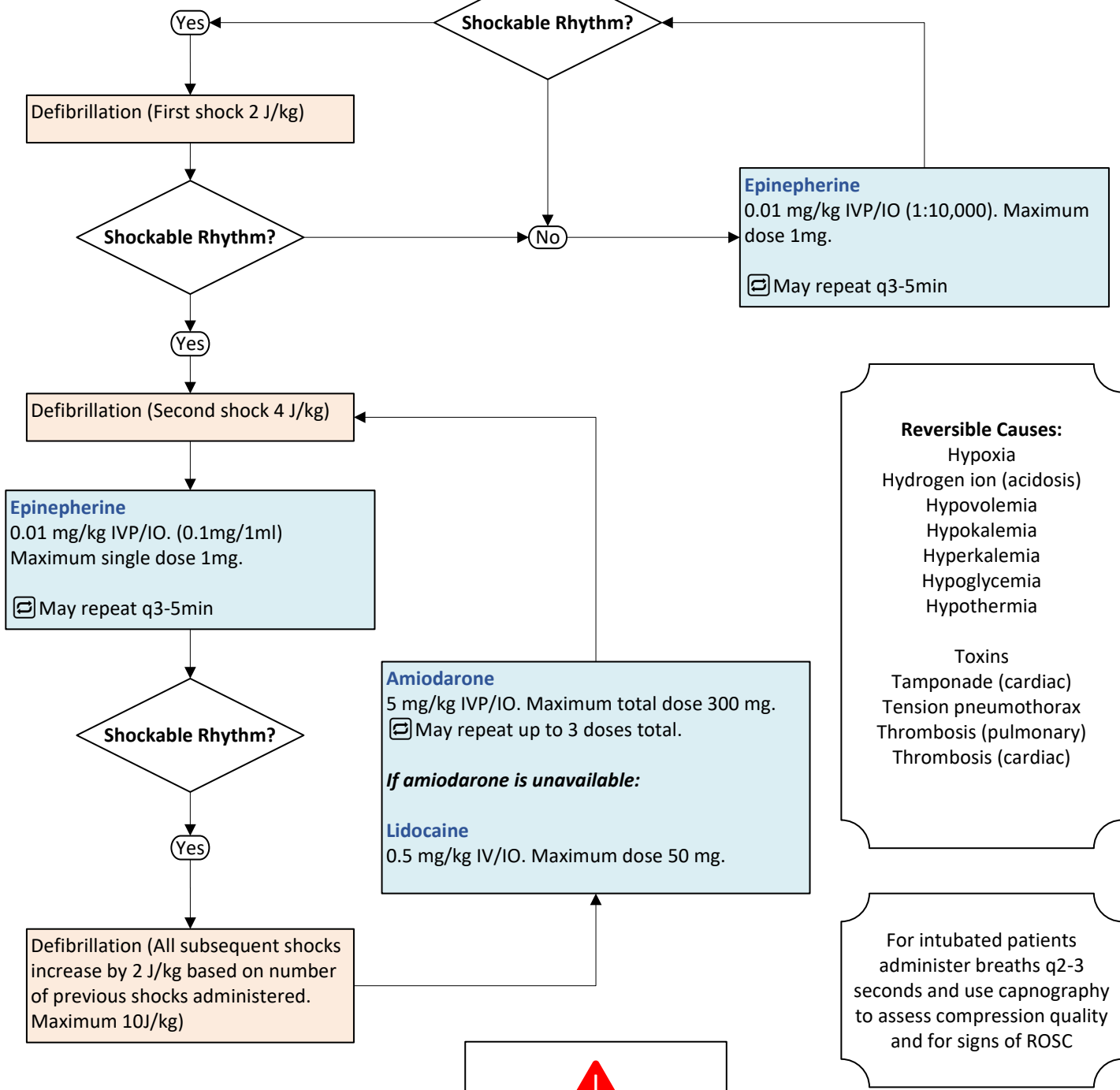
## BLS – FAQ Link

Assess **Vital Signs**, ABC's and responsiveness, **Oxygen** (high flow via BVM with BLS airway as indicated)  
**HR < 60, START CPR (15:2)**

## ALS

Advanced airway management as indicated, attach defibrillator, establish IV/IO access, and correct **Reversible Causes**. Refer to **Protocol 2.04 Cardiac Arrest** and current AHA guidelines for additional details.  
**Continue CPR until ROSC or termination of efforts**

**DRAFT  
VERSION**



**Make Base Hospital Contact**  
Termination of efforts

**ROS? Begin post cardiac arrest care**

Effective: xx/xx/xx  
Supersedes: 03/01/15

# 8.07 PEDIATRIC CARDIAC ARREST: VENTRICULAR FIBRILLATION / PULSELESS VENTRICULAR TACHYCARDIA – Public Comment November 2023

<b>BLS Treatment</b>
<ul style="list-style-type: none"> <li>• Assess <u>vital signs</u>, circulation, airway, breathing, and responsiveness.</li> <li><del>• If HR &lt; 60, START CPR.</del></li> <li>• <u>Oxygen as indicated. (high flow via BVM with BLS airway as indicated)</u></li> <li>• <u>If HR &lt; 60, START CPR. (15:2)</u></li> <li><del>• Provide <b>Spinal Motion Restriction</b> as indicated or position of comfort as indicated.</del></li> <li><del>• Appropriately splint suspected fractures/instability as indicated.</del></li> <li><del>• Bandage wounds/control bleeding as indicated.</del></li> </ul>
<b>ALS Treatment</b>
<p><b>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.</b></p>
<ul style="list-style-type: none"> <li>• <u>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)</u></li> <li><del>• Advanced airway if indicated. For intubated patients administer breaths q2-3 seconds and use capnography to assess compression quality and for signs of ROSC</del></li> <li>• <del>_____</del></li> <li><del>• <b>Epinephrine</b> 0.01 mg/kg IVP/IO (0.1mg/1ml). Maximum single dose 1mg. May repeat q3-5min</del></li> <li>• <del>_____</del></li> <li><del>• <b>IV/ IO Normal Saline</b> fluid bolus.</del></li> <li>• <u><b>Amiodarone</b> 5 mg/kg IVP/IO. Maximum total dose 300 mg. May repeat up to 3 doses total. <i>If amiodarone is unavailable: Lidocaine</i> 0.5 mg/kg IV/IO. Maximum dose 50 mg</u></li> <li>• <u>Reversible Causes: hypoxia, hydrogen ion (acidosis), hypovolemia, hypokalemia, hyperkalemia, hypoglycemia, hypothermia, toxins, tamponade (cardiac), tension (pneumothorax, thrombosis (pulmonary), thrombosis (cardiac)</u></li> </ul>
<b>Base Hospital Contact Criteria</b>
Termination of efforts.