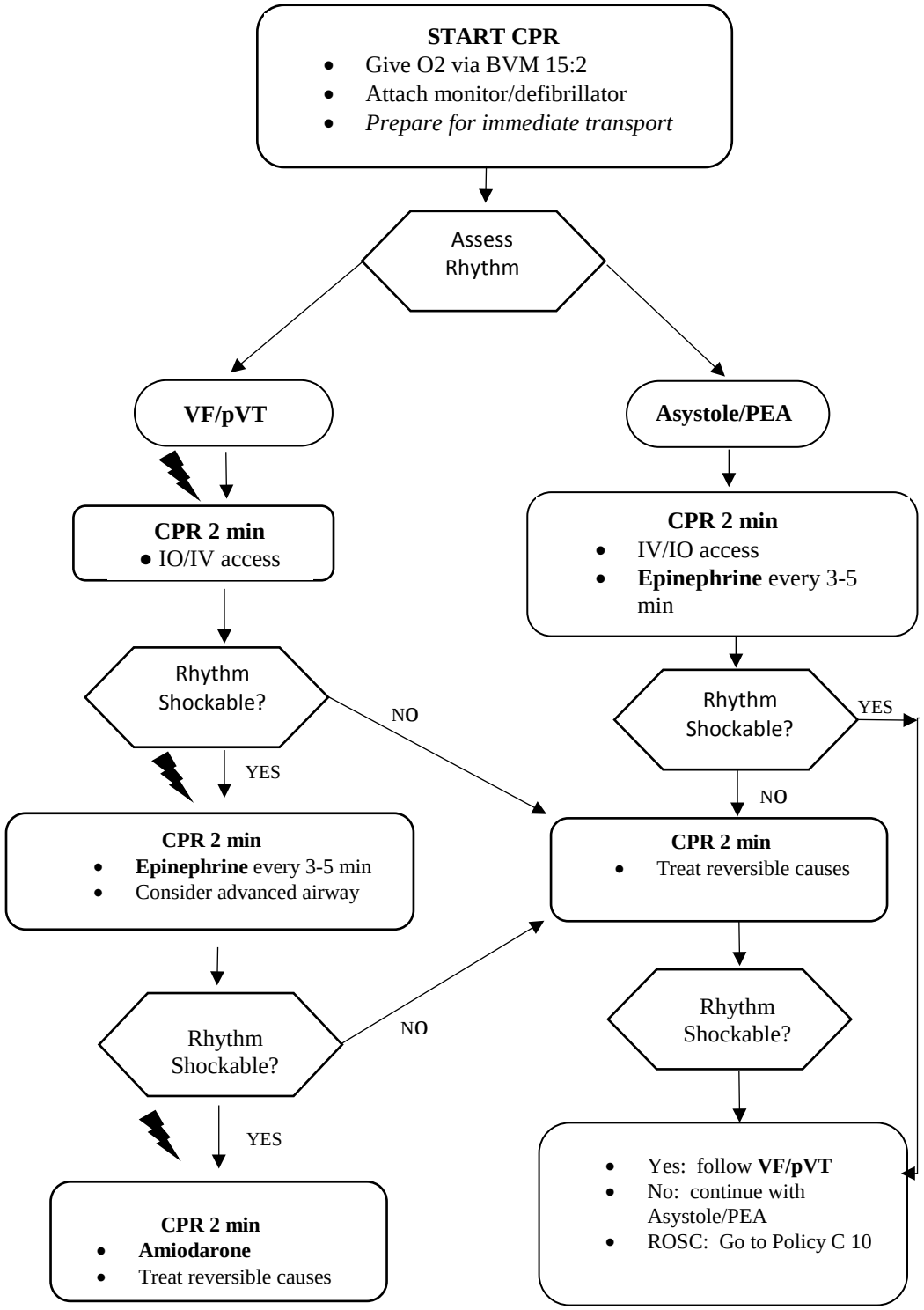
PEDIATRIC CARDIAC ARREST

ALWAYS USE STANDARD PRECAUTIONS



REFER TO P18 A

- Defibrillation
- Drug dosages

CPR Ratios

- Pedi One Rescuer – 30:2
- Pedi Two Rescuer – 15:2

BLS Airway Management

- *BVM is the preferred airway for pediatric patients*
- Avoid excessive ventilation. Deliver only the volume needed to make the chest rise
- Place younger child in sniffing position for neutral airway positioning

ALS Airway Management

- Consider only if unable to ventilate with BVM and patient is ≥12 years of age **or** height > length of the color-coded resuscitation tape.
- Laryngoscopy for ETT must occur with CPR in progress. Do not interrupt CPR for >10 seconds for tube placement
- May use VL (video laryngoscopy) if available
- May use King Airway if patient is ≥12 years of age **and** 4 feet tall.
- Use continuous ETCO2 to monitor CPR effectiveness and advanced airway placement.
- Maintain O2 sat 94-99%
- 1 breath every 6 seconds

Reversible causes:

- Hypovolemia
- Hypoxia
- Hydrogen Ion (acidosis)
- Hypoglycemia
- Hypo/Hyperkalemia
- Hypothermia
- Tension Pneumothorax
- Tamponade (cardiac)
- Toxins
- Thrombosis, pulmonary
- Thrombosis, coronary