PEDIATRIC CARDIAC ARREST
ALWAYS USE STANDARD PRECAUTIONS

START CPR
- Give O2 via BVM 15:2
- Attach monitor/defibrillator
- Prepare for immediate transport

Assess Rhythm

VF/pVT

CPR 2 min
- IO/IV access

Rhythm Shockable?

NO

YES

CPR 2 min
- Epinephrine every 3-5 min
- Consider advanced airway

Rhythm Shockable?

NO

YES

CPR 2 min
- Amiodarone
- Treat reversible causes

Asystole/PEA

CPR 2 min
- IV/IO access
- Epinephrine every 3-5 min

Rhythm Shockable?

NO

YES

CPR 2 min
- Treat reversible causes

Rhythm Shockable?

YES

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