PEDIATRIC CARDIAC ARREST

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

Assess Rhythm

VF/pVT

CPR 2 min
- IO/IV access

Shockable Rhythm?
⚡ Yes

CPR 2 min
- Consider advanced airway

Epinephrine
- Repeat every 3-5 min

Shockable Rhythm?
⚡ Yes

CPR 2 min
- Treat reversible causes

Epinephrine
- Repeat every 3-5 min

Shockable Rhythm?
No

CPR 2 min
- Treat reversible causes

Amiodarone

Asystole/PEA

CPR 2 min
- IO/IV access

Shockable Rhythm?
⚡ Yes

Epinephrine
- Repeat every 3-5 min

Shockable Rhythm?
No

CPR 2 min
- Treat reversible causes

Shockable Rhythm?
Yes

CPR 2 min
- Follow VF/pVT
- No: continue with Asystole/PEA
- ROSC: Go to policy C 10

CPR Ratios
- One rescuer: 30:2
- Two rescuer: 15:2

Defibrillation
- 2-4J/kg

Airway Management
- BLS airway is preferred
- Avoid excessive ventilation
- Place younger child in sniffing position for neutral airway positioning
- Consider advanced airway only if patient height > color coded resuscitation tape and unable to ventilate with BVM
- Laryngoscopy for ETT must occur with CPR in progress.
- Do not interrupt CPR for >10 seconds for tube placement
- Use ETCO2
- Maintain SpO2 94-99%
- 1 breath every 2-3 sec.

Drug Therapy
- Epinephrine 0.01mg/kg (0.1mg/ml) IV/IO
  - Repeat every 3-5 min
- Amiodarone 5mg/kg IV/IO
  - Followed by or diluted in 20ml NS after 3rd shock
  - Max dose: 300mg

Reversible Causes
- Hypovolemia
- Hypoxia
- Hydrogen Ion (Acidosis)
- Hypo/Hyperkalemia
- Hypothermia
- Tension Pneumothorax
- Tamponade (cardiac)
- Toxins
- Thrombus
- Trauma