

CARDIAC ARREST MANAGEMENT - PEDIATRIC

EMR	<ul style="list-style-type: none"> ❑ This guideline applies to patients >1 month old. If <1 month old, refer to Newborn Resuscitation guideline. ❑ Routine Medical Assessment and Intervention. ❑ Immediately initiate CPR at a rate of at least 100 per minute per current AHA guidelines for approx 2 minutes while attaching AED. ❑ Analysis of rhythm – Deliver Shock if AED advises ❑ Continue CPR immediately – making efforts to minimize interruptions of chest compressions & analysis of rhythm every two minutes until advanced life support arrive. ❑ Ensure concurrent use of Airway guideline(s). ❑ Pause compressions for ventilations if simple airway adjunct is in place. ❑ Rotate crew member performing chest compressions every two minutes. 	EMR
EMT	<ul style="list-style-type: none"> ❑ Consider placement of King airway if authorized and trained ❑ Initiate capnography if available/trained and appropriate. 	EMT
AEMT	<ul style="list-style-type: none"> ❑ Initiate peripheral IV/IO line. ❑ Normal saline infusion at TKO rate unless volume loss suspected. If volume loss, give 20ml/kg fluid challenge. ❑ Look for causes of arrest 	AEMT
EMT-I	<ul style="list-style-type: none"> ❑ May utilize manual defibrillation when indicated per manufactures recommendation ❑ During 2 minute periods of CPR administer medications of possible benefit as outlined below: ALL RHYTHMS: ❑ Epi 1:10,000, 0.01 mg/kg IV/IO, repeat q 3-5 min throughout resuscitation efforts. ❑ Look for potential reversible causes SHOCKABLE RHYTHMS (VF/VT): ❑ Administer anti-arrhythmic medication: <ul style="list-style-type: none"> ○ Amiodarone 5mg/kg IV/IO (dilute with NS) NON-SHOCKABLE RHYTHMS (PEA/Asystole): ❑ Normal saline 20ml/kg 	EMT-I
PARAMEDIC	<p>SUSPECTED TORSADES DE POINTES/HYPOMAGNESMIC STATE</p> <ul style="list-style-type: none"> ❑ Mag Sulfate - 2 g in 20 mL NS for 10% solution, give weight appropriate amount (25 to 50 mg/kg) over 2 minutes. 	PARAMEDIC

CARDIAC ARREST MANAGEMENT- PEDIATRIC CONT.

Clinical Care Pearls

- Consider Hs and Ts for potential reversible causes and treat according to appropriate clinical guideline(s).
 - Hypovolemia – see shock guideline; Hypoxia; Hydrogen Ion (acidosis) – see respiratory & sodium bicarbonate guidelines; Hyper/Hypokalemia – see dialysis emergencies guideline; Hypothermia – see environmental emergencies guideline Tension pneumothorax – see chest decompression procedure; Tamponade (cardiac) – see shock guideline; Toxins – see toxic exposures guideline; Thrombosis (Pulmonary/cardiac) – see respiratory guidelines

