



PEDIATRIC CARDIAC ARREST



Escambia County, Florida - ALS/BLS Medical Protocol

Supportive Care

1. Start [CPR](#), push hard and fast. $\geq 1/3$ of anterior-posterior diameter of chest, ≥ 100 /min.
2. Give oxygen, attach monitor/defibrillator, obtain IO/IV access
3. [Medical Supportive Care Protocol](#), if applicable [Death in the Field](#).

ALS Level 1

1. If Shockable Rhythm

1a. Defibrillate with 2 joules/kg biphasic initially.

Second shock is 4 joules/kg.

Third shock and subsequent shocks remain at 4 joules/kg.

1b. Immediately resume CPR for 2 minutes.

1c. [Epinephrine](#) 1/10,000, 0.01 mg/kg IO/IV every 3 to 5 minutes.

1d. Consider an [Advanced Airway](#)

1e. Consider [Capnography](#)

1f. **If Shockable Rhythm**, defibrillate with appropriate joules. As described in 1a. above.

1g. Immediately resume CPR for 2 minutes.

1h. [Amiodarone](#) 5 mg/kg IV (First Dose), May repeat up to 2 times if needed.)

1i. Treat reversible causes.



Approved: 10/01/2011
Version: 3.1

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- 1j. Continue to repeat from #1 if needed and still in shockable rhythm.
- 1k. Proceed to #2 if converted to a non-shockable rhythm. Proceed to Post-Cardiac Arrest Care if pulse returns.

2. Non- Shockable Rhythm

- 2a. CPR for 2 minutes. CPR, push hard and fast. $\geq 1/3$ of anterior-posterior diameter of chest, ≥ 100 /min.
- 2b. Epinephrine 1/10,000, 0.01 mg/kg IO/IV every 3 to 5 minutes.
- 2c. Consider an Advanced Airway
- 2d. Consider Capnography
- 2e. Treat reversible causes
- 2f. Continue to repeat from #2 if rhythm remains non-shockable. Proceed to Post-Cardiac Arrest Care if pulse returns.

ALS Level 2 (*Physician authorization required*)

- 1. Consider termination of resuscitation attempt for agonal rhythm and asystole.

Notes

Push hard & fast (100/min), ensuring full chest recoil, and minimizing interruptions in chest compressions; change compressor every 2 minutes.

Avoid hyperventilation; perform asynchronous CPR ventilating 8-10 breaths/minute if advanced airway utilized.

If treatable causes are identified, narrow QRS complex PEA is associated with much



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higher resuscitation rates than either asystole or wide QRS complex PEA.

Search for treatable causes (6H's & 6T's)

Treatable Causes

Hypovolemia	Tablets and Toxins
Hypoxia	Tamponade (cardiac)
Hypoglycemia	Tension pneumothorax
Hyper / Hypokalemia	Thrombus – MI
Hypothermia	Thrombus – PE
Hydrogen Ion (acidosis)	Trauma

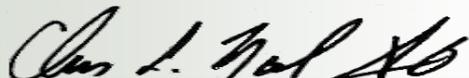
Initial use of [oropharygeal airway](#) and bag-valve-mask is acceptable with advanced airway differed until a suitable time.



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