# Cardiac Arrest – Pediatric 3.2P

## EMT/ADVANCED EMT STANDING ORDERS

E/A

- Routine patient Care—with focus on CPR.
- Immediate chest compressions.
- Apply AED and use as soon as possible (with minimum interruption of chest compressions).From birth to age 8 years use pediatric AED pads.
  - If pediatric AED pads are unavailable, providers may use adult AED pads, provided the pads do not overlap.
- Monitor quantitative waveform capnography, if available, throughout resuscitation to assess and monitor airway placement CPR quality, and to monitor for signs of Return of Spontaneous Circulation.
- Consider termination of efforts or not attempting resuscitation, see DNR, POLST & Advanced Directives Policy 8.8 and/or Resuscitation Initiation & Termination 8.16.
- Consider treatable causes: hypoxia, overdose/poisoning, hypoglycemia, hypothermia, and hypovolemia (treat as per specific protocol).

## PARAMEDIC STANDING ORDERS

P

- If Return of Spontaneous Circulation occurs see Post Resuscitative Care Protocol 3.5.
- If ventilation is adequate with BVM, routine placement of advanced airway can be deferred.
- Placement of an advanced airway during cardiac arrest should not interrupt chest compressions. In this setting, supraglottic airways and ETTs can be considered equivalent.
- For suspected metabolic acidosis, suspected or known hyperkalemia (dialysis patient), or known tricyclic antidepressant overdose, consider sodium bicarbonate 2mEq/kg IV.

**For Ventricular Fibrillation (VF)/Pulseless Ventricular Tachycardia (VT):**

- Defibrillate at 2J/kg; perform CPR for 2 minutes and recheck rhythm; if still a shockable rhythm, defibrillate at 4J/kg; perform CPR for 2 minutes; reassess every 2 minutes and continue to defibrillate at 4J/kg.
- If no response after first defibrillation, administer epinephrine (1:10,000) 0.01mg/kg (0.1ml/kg) IV **OR** 0.1mg/kg (1:1,000; 0.1ml/kg) via ETT.
  - Repeat every 3 – 5 minutes.
- If no response after second defibrillation, consider:
  - Amiodarone 5mg/kg (maximum 300mg) IV, **OR**
  - Lidocaine 1mg/kg (maximum 100mg).
  - For Torsades de Pointes: Magnesium sulfate 25 – 50mg/kg (maximum 2 grams) IV over 1 – 2 minutes .

**For Asystole or Pulseless Electrical Activity (PEA):**

- Administer Epinephrine (1:10,000) 0.01mg/kg (0.1ml/kg) IV OR 0.1mg/kg (1:1,000; 0.1ml/kg) via ETT; repeat every 3 – 5 minutes.
- Give 2 minutes of CPR, then check rhythm:
  - If asystole or PEA, continue epinephrine and 2 minutes of CPR until:
  - Pulse obtained, **OR**
  - Shockable rhythm obtained, **OR**
  - Decision made to discontinue further efforts.