

Kittitas County Prehospital Care Protocols

Subject: PEDIATRIC CARDIOPULMONARY ARREST

General

- A. Establish and maintain airway.
- B. Verify cardiopulmonary arrest.
- C. Initiate CPR, and ventilate per pediatric BVM with supplemental O₂ @ 12-15 lpm.
- D. Place ET tube and continue ventilations with BVM.
- E. Establish cardiac monitor.
- F. Establish peripheral IV access with Normal Saline @ TKO.
- G. Consider intraosseous route if patient < 12 years old, or external jugular.

Bradycarrhythmias

- A. Symptomatic, including unconsciousness and hemodynamic instability:
 - 1. Administer **epinephrine**, 1:10,000, 0.01 mg/kg q 3 minutes, IV or IO.
 - 2. If only ET route available, administer **epinephrine**, 1:1,000, 0.1 mg/kg q 3 minutes.
 - 3. Administer **atropine**, 0.02 mg/kg, IV, IO, or ET (0.1 mg minimum single dose). Repeat once in 5 minutes, up to a total 0.5 mg in children, and 1.0 mg in adolescents.
- B. Consider CPR if heart rate < 80/minute in an infant, or 60/minute in a child.

Asystole / Pulseless Electrical Activity (PEA)

- A. Attempt to identify underlying cause of PEA, and treat as per protocols.
- B. Administer **epinephrine**, 1:10,000, 0.01 mg/kg q 3 minutes, IV or IO.
- C. If only ET route available, administer **epinephrine**, 1:1,000, 0.1 mg/kg q 3 minutes.
- D. In PEA, consider fluid challenge of Normal Saline @ 20 cc/kg.

Effective Date: August 10, 2011

Medical Program Director: Jackson S. Horsley, MD

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Ventricular fibrillation (Pulseless VT)

- A. Defibrillate ASAP @ 2 joules/kg. Second and subsequent shocks shall be at 4 joules/kg.
- B. Administer **epinephrine**, 1:10,000, 0.01 mg/kg q 3 minutes, IV or IO.
- C. If only ET route available, administer **epinephrine**, 1:1,000, 0.1 mg/kg q 3 minutes.
- D. Immediately following first dose of **epinephrine**, administer **amiodarone**, 5 mg/kg, IV, IO, or ET.
- E. Repeat defibrillation @ 4 joules/kg as necessary.

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