

Kittitas County Prehospital EMS Protocols

SUBJECT: PEDIATRIC CARDIAC ARRHYTHMIAS

- A. If stable, administer O₂ @ 4-6 lpm per nasal cannula.
- B. If unstable, administer O₂ @ 12-15 lpm per non-rebreather mask.
- C. Establish cardiac monitor/defibrillator.
- D. Establish peripheral IV access with Isotonic Crystalloid @ TKO.

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.

SVT

- A. 12- Lead ECG if therapy won't be delayed.
- B. Consider vagal maneuvers.
- C. Consider **adenosine** 0.1 mg/kg IV (maximum first dose 6 mg).
- D. May give second dose **adenosine** 0.2 mg/kg (maximum second dose 12 mg).
- E. Consider **Amiodarone** 5 mg/kg IV over 20-60 minutes.
- F. Consider cardioversion 0.5-1 joules/kg.
 - 1. May increase to 2 joules/kg if initial dose ineffective.
 - 2. Sedate before cardioversion.

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VENTRICULAR TACHYCARDIA with a pulse

- A. Symptomatic, including unconsciousness and hemodynamic instability:
- B. 12- Lead ECG if therapy won't be delayed.
- C. Consider **Amiodarone** 5 mg/kg IV over 20-60 minutes.
- D. Consider cardioversion 0.5-1 joules/kg.
 - 1. May increase to 2 joules/kg if initial dose ineffective.
 - 2. Sedate before cardioversion.