Pediatric Cardiac Arrest Standing Order

ALS/BLS

INC

Use standing order on **ALL** patients 7 years of age or younger who appear to be the victims of sudden cardiac arrest/death.

EXCLUSION

Standing order should not be used on patients:

- Greater than 8 years of age. If age unknown: pt with physical signs of puberty.
- Meeting SAEMS Dead on Scene SO criteria
- Involved in a traumatic or submersion (near-drowning) event

OR

- where evidence of primary respiratory arrest is present as in poisoning or asphyxia, follow AHA resuscitation guidelines.

Most common cause of Peds CA is Hypoxic / Asphyxial Arrest. Look for potentially reversible causes

Patient meets **ANY** exclusion criteria

Begin appropriate resuscitative efforts, Contact Medical Direction Authority or implement appropriate standing order.

Patient meets inclusion criteria and is pulseless

ORDERS

Initiate PALS Cardiac Arrest Algorithm

- **C** - Start CPR – Compression rate 100/min+
- **A** - Establish airway with OPA/NPA
- **B** - **V**entilate with BVM @ 100% high flow O_2 (15:2)

If adequate bystander compressions are being provided, apply pads *without interrupting compressions*, analyze rhythm.

- With **Severe Hypothermia** (below 86°F / 30°C) use caution, consider Hypothermia Standing Order or contact Medical Direction

VF/PULSELESS VT: or AED recommends shock

(Perform treatments without interrupting compression cycles.)

1. Complete 2 min. uninterrupted CPR cycles analyzing rhythm between each compression cycle.
2. If no rhythm change, defibrillate between each compression cycle.
3. Establish IV/IO access,
4. Consider Airway Management Procedure Protocol

ALS

- **Administer Epi 0.01mg/kg (1:10,000) IV/IO every 3-5 min. as early as possible.**
- **Administer Amiodarone or Lidocaine**
  - **Amiodarone IV/IO 5mg/kg (max single dose 300mg), may repeat once after 10 min. 5mg/kg up to total dose 15mg/kg in 24 hrs. or**
  - **Lidocaine 1mg/kg IV/IO**
- **Administer Magnesium 25 to 50mg/kg IV/IO (max 2 grams)**
- **Treat reversible causes: 6H's/ 5T's**

PEA/ Asystole: or AED recommends NO shock

(Perform treatments without interrupting compression cycles.)

1. Complete 2 min. uninterrupted CPR cycles analyzing rhythm between each compression cycle.
2. Establish IV/IO access,
3. Consider Airway Management Procedure Protocol

ALS

- **Administer Epi 0.01mg/kg (1:10,000) every 3-5 min. as early as possible.**
- **Treat reversible causes: 6H's/ 5T's**

Transport to closest appropriate facility or, if ROSC Pediatric Critical Care Facility. Consider Air Medical Transport for transports over 30 minutes.
Critical Pediatric Decision Scheme Protocol

Approved: 2-2012?

Revised: 12-2013; 4-2014; 06-16-15

OVER

Critical Pediatric Triage Protocol
(Age 14 and Under)

I. Patients with an unstable airway or in cardiac arrest should be transported to the closest emergency receiving facility.

II. Patients with the following characteristics should be taken directly to a Pediatric Critical Care Facility (PCCF):

A. Altered level of consciousness

B. Respiratory distress

C. Shock or hemodynamic instability

III. SPECIAL NOTES

A. Pediatric Critical Care Facility (PCCF) is defined as a facility with 24-hour, in-hospital pediatricians, pediatric intensivists and a pediatric ICU.

In Tucson: TMC or Banner-UMC Tucson

B. In outlying areas with a transport time of greater than 30 minutes to a PCCF, transport the patient to the closest emergency receiving facility, or consider air transport directly to a PCCF.

Effective: 3/96 Revised: 9/99; 6/2004; 10/2007; 10-15-13; 06-16-15