

Pediatric Cardiac Arrest

INCLUSION

Pulseless and apneic with age less than 8-years-old

ORDERS

- Begin chest compressions and ventilations
 - C - Start CPR – Compression rate 100-120 per minute
 - A - Establish airway with OPA/NPA
 - B - Ventilate with BVM @ 100% high flow O₂ (15:2 or 10 breaths per minute)
- Attach monitor or AED Pads
- Establish IV/IO access and administer epinephrine as soon as possible.
 - Epi 0.01mg/kg (1 mg/10mL) max 1 mg

If VF/VT

ALS Care

- Defibrillate at 2 Joules/kg
- Escalate defibrillation dosing if continued shockable rhythm: 2 J/kg --> 4 J/kg --> 6 J/kg --> up to 10 J/kg (Max 200J)
- Consider administration of amiodarone or lidocaine for refractory VF/VT (after 3 failed defibrillations)

Continue CPR for all rhythms

BLS Care:

- Continue cycles of chest compressions and ventilations (synchronous or asynchronous)
- Analyze rhythm and pulse check every 2 minutes.

ALS Care

- Administer epinephrine every 3-5 minutes.

Focused CPR on scene is preferred for a minimum of 20 minutes or until ROSC achieved.

ALS Drug Doses

- Defibrillation: 2 J/kg --> 4 J/kg --> 6 J/kg --> 10 J/kg (Max 200J)
- Epinephrine (1 mg/10mL) 0.01 mg/kg IV/IO (max dose 1 mg)
- Amiodarone 5 mg/kg IV/IO. Max dose 300 mg
 - May repeat x 1 in 10 minutes at 2.5 mg/kg I/IO. Max dose for repeat is 150 mg
 - Follow amiodarone doses with NS flush
- Lidocaine 1mg/kg (max dose 100 mg) IV/IO
 - May repeat x 1 at 0.5 mg/kg (max dose 50 mg)

Consider Air Medical Transport for transports over 30 minutes.

[Transport Per Critical Pediatric Decision Scheme Protocol](#)