



**Pediatric Specific  
CARDIAC ARREST – PEDIATRIC (MEDICAL)  
Practice Guideline**

**Patient Care Goals:**

1. Return of Spontaneous Circulation (ROSC)
2. Preservation of neurologic function

**Patient Presentation:**

Inclusion Criteria:

Pediatric patient without palpable pulses

Exclusion Criteria:

Patients with valid DNR/POLST order  
 Obvious death as defined as: decapitation, rigor mortis, dependent lividity, decomposition, full thickness burns >90% of body, hypothermia with rigid airway or ice formation in airway  
 Obvious traumatic etiology (see Traumatic Cardiac Arrest practice guideline)

**Defibrillation:**

Anterolateral pad placement, biphasic dose 2 J/kg first shock; 4 J/kg subsequent shocks to maximum single shock dose of 200 Joules  
 Resume compressions immediately after shock

**Refractory Vfib/Vtach (defined as persistent rhythm not responding to loading dose of amiodarone, and 3 defibrillation attempts from any device):**

Limit Epinephrine to 3 doses while refractory

**Medications:**

Epinephrine 1: TEN THOUSAND 0.01 mg/kg (max of 1 mg per dose) q3-5 min IV/IO  
 Amiodarone IV/IO, 5 mg/kg bolus (max 300 mg); may repeat bolus (max 150 mg) after 8-10 min  
 NS bolus 20 mL/kg pressure bag over 5 mins; repeat X 1 if no ROSC

**Advanced Airway:**

SGA Airway placement  
 Refer to Airway Management Practice Guideline

**Quality Improvement:**

Hi quality CPR: Push hard (> 1/3 AP diameter of chest) and fast (100-120/min)  
 Minimize interruptions in compressions  
 Rotate compressors every 2 minutes  
 Avoid excessive ventilation (1 breath every 6 seconds)  
 Capnography

**Key Documentation elements:**

Times of resuscitation and all interventions  
 Witnessed? Bystander CPR? Public AED?  
 Initial rhythm shockable/first monitored rhythm?  
 Any ROSC

**TOR/10-99 criteria with OLMC**

OLMC should be involved with TOR decision; factors likely to favor TOR include:

- Cardiac arrest not witnessed by EMS Provider
- Continuous asystole throughout resuscitation attempt
- Not believed related to environmental hypothermia
- Patent airway
- High quality CPR
- 15 minute resuscitation effort EtCO2 10 mmHg or less note: *contact OLMC early for values of zero that recur or persist after troubleshooting*
- Clinical death exam positive

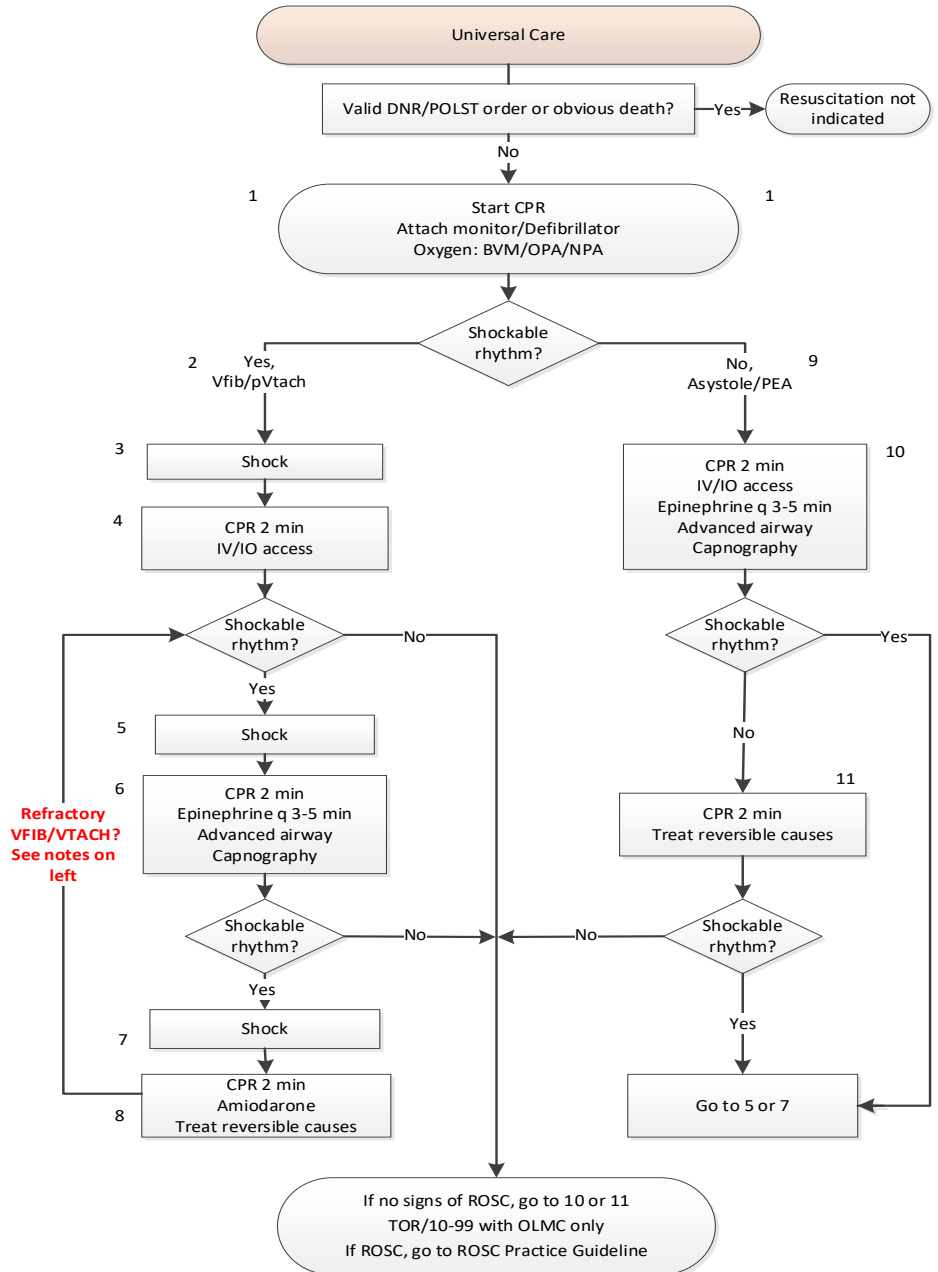
**Safety Considerations:**

Transport of patients with ongoing resuscitation may arise in certain circumstances such as submersion, refractory VF/VT, pseudo PEA, OLMC recommendation

**Notes:**

If fire victim has ROSC/hypotension/alt loc, evaluate for cyanide poisoning and consider administration of hydroxocobalamin (Cyanokit®)  
 There is no evidence naloxone improves chance of ROSC due to opiate overdose; focus on good CPR w/standard ACLS rather than attempts w/naloxone  
 HANGING victims should be treated as asphyxia medical arrests

Paramedic Working Assessment: Cardiac Arrest Medical - Pediatric



Refractory Vfib/Vtach? See notes on left

Call OLMC immediately if unclear DNR/POLST or if patient pregnant >20 weeks  
 Contact OLMC after beginning aggressive resuscitation - do not delay initial resuscitation



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MEDICAL ARREST SBAR			
<b>I N T R O</b>	<b>Hello. This is MED ( ) with a (AGE) (SEX) on scene of a <b>MEDICAL</b> cardiac arrest</b>		
<i>Situation</i>			
<b>S</b>	Arrest witnessed Bystander CPR (and/or defib) LKW Time Initial Rhythm Current Rhythm	by was of was is	EMS, Bystander, Unwitnessed Performed, Not performed Military time, Unknown VF, VT, PEA +rate, Asystole VF, VT, PEA +rate, Asystole
<i>Background</i>			
<b>B</b>	Airway Initial EtCO2 Current EtCO2 Access IV Fluid Volume Epinephrine Amiodarone Other medications administered Defibrillation Glucose CPR Other interventions	is was is is totals times times include times reading type is include	BVM only, King airway, ET tube value value IV, IO, Not obtained x mLs 1, 2, 3, 4 ... 1, 2 D10, Naloxone, other 1,2,3,4 ... value Mechanical, Manual LSIs
<i>Significant details of the situation and PMHx</i>			
<b>A</b>	Past medical history Significant details of situation Minutes working this code	includes include is	MI, CABG, STENT, HTN, CHF, Diabetes, COPD, Asthma, current major illness ?any missing <i>pertinent</i> details? x mins
<i>Requests &amp; Recommendations</i>			
<b>R</b>	<ul style="list-style-type: none"> <li>❖ We are considering...</li> <li>❖ We are looking for guidance on next steps</li> <li>❖ We are requesting TOR</li> </ul>		