



**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.
 Apply second pad in the anterior/posterior orientation and deliver remaining shocks in this orientation.

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; may repeat same bolus dose after 8-10 min.
 NS bolus 20 mL/kg pressure bag over 5 mins; repeat X 1 if no ROSC.

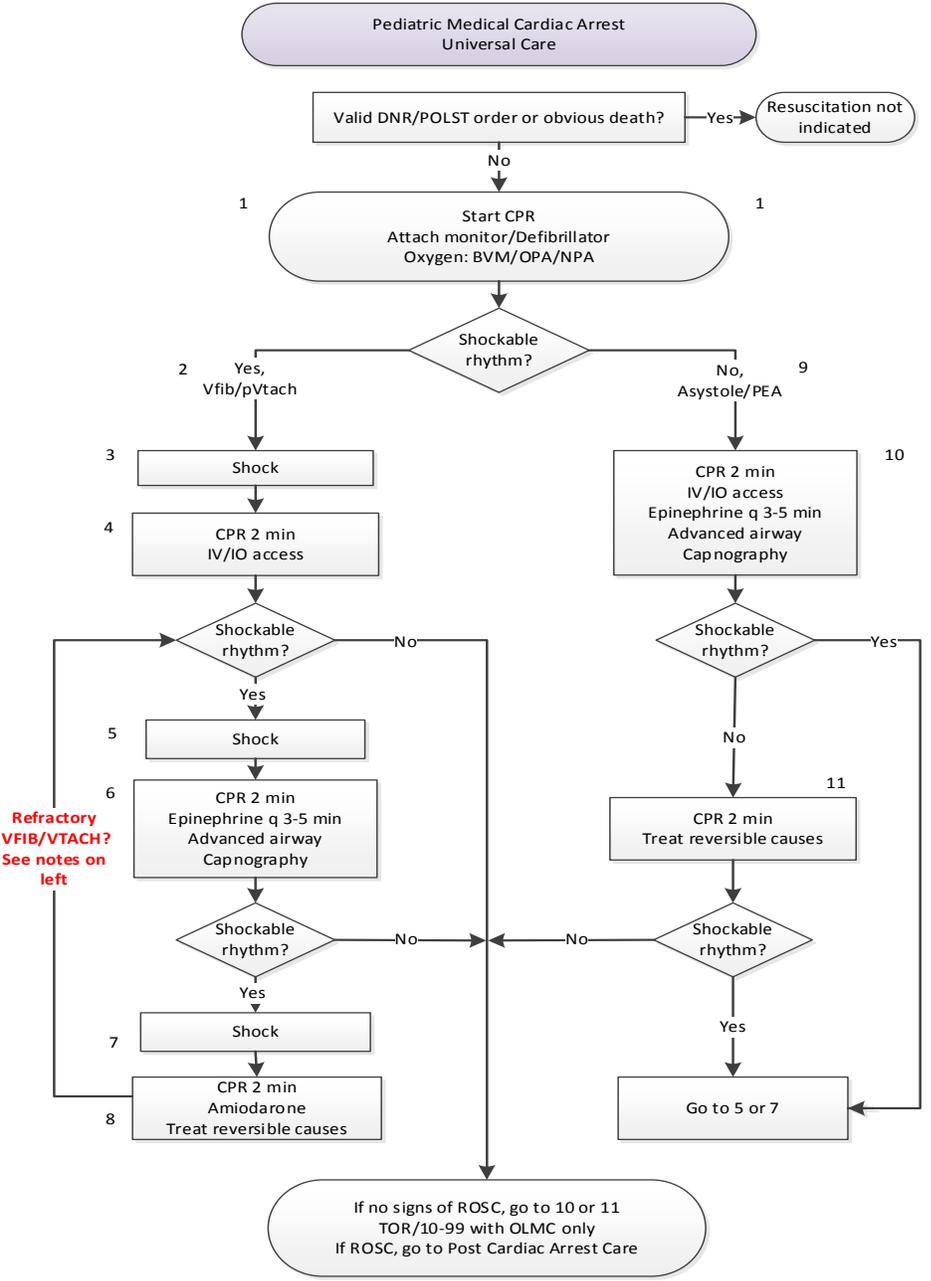
Advanced Airway:
 King airway

Quality Improvement:
 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?
 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
 • Clinical death exam positive

Safety Considerations:
 Transport of patients with ongoing resuscitation may arise in certain circumstances such as submersion, thoracic penetrating trauma arrest, or refractory vfib/vtach; a mechanical CPR device is encouraged.



Refractory V FIB/VTACH?
See notes on left

Call early 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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