

CARDIAC ARREST - PEDIATRIC ASYSTOLE/PEA

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Information needed:

See Pediatric Cardiac Arrest: Overview Protocol

- For neonates (<29 days) refer to Neonatal Resuscitation Protocol
- Utilize the Broselow Tape to measure length and then SMC Pediatric Reference Card for determination of drug dosages, fluid volumes, defibrillation/cardioversion joules and appropriate equipment sizes.

Objective Findings:

- Unresponsive; apneic, pulseless (check carotid and femoral pulses)
- Assess rhythm as asystole or PEA
- Pulse oximetry

Treatment:

- Initiate standard pediatric cardiac arrest management: CAB's, CPR, monitor, ventilate with 100% oxygen
- Confirm rhythm as asystole or PEA
- Assess adequacy of ventilations and compressions
- Establish IV/IO
- Give epinephrine (1:10,000) IV/IO. May repeat q 3-5 minutes
- Give IV/IO fluid bolus of normal saline if there are signs of hypoperfusion. Reassess. May repeat fluid bolus twice as indicated. Contact Pediatric Base Hospital Physician for additional fluid orders.

Precautions and Comments:

- Atropine has not been shown to be useful in pediatric asystole or PEA. Consider termination of efforts in the field if the patient is unresponsive to initial treatments. (See Guidelines for Determining Death in Field Policy)