CARDIAC ARREST OVERVIEW - PEDIATRIC
(GENERAL GUIDELINES)

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Information Needed:
• History of arrest:
  o Witnessed/unwitnessed collapse, time down and preceding symptoms
  o Pre-arrival instructions, Bystander CPR and treatments, including first
    responder/bystander defibrillation, prior to arrival
• Past medical history: diagnoses (cardiac, respiratory, children with special health
  care needs), medications, recent illness/fever, recent trauma, recent medical
  care/treatments, suspicion of abuse/neglect, and birth history (e.g. prematurity,
  complicated delivery)
• Precipitating event(s): sleeping, eating, playing, bathing, swimming
• Scene: site of arrest (crib, adult bed, trauma scene, bath/pool), immediate
  surroundings (blankets, pillows, toys, medications, toxins), DNR/POLST form,
  medallion, or hospice patient
• Estimated age. Follow Neonatal Resuscitation Protocol as indicated
• 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, PEA, or bradycardia
• Pulse oximetry

Treatment:
• Initiate standard pediatric cardiac arrest management: CAB’s, CPR (American
  Heart Association BLS Standards), monitor, ventilate with 100% oxygen
• Plan actions before interrupting CPR
• Monitor cardiac rhythm and treat dysrhythmia according to appropriate protocol
• Establish IV/IO access

Precautions and Comments:
• Pediatric cardiopulmonary arrest is almost always the lack of oxygen or perfusion
  from one of many non-cardiac causes. In the pediatric patient, arrest usually
  follows a primary respiratory arrest.
• In the prehospital setting, trauma, SIDS, drowning, poisoning, choking, severe
  asthma, and pneumonia represent the most common causes of arrest.
• Ensure that effective CPR continues while advanced skills are carried out.
- Intraosseous infusion (IO) can be used on all children in cardiac arrest.
- AEDs should be used according to manufacturer's directions and/or AHA Guidelines. If AED is being used to defibrillate:
  - Pediatric attenuated shock for patient <8 years old
  - Adult shock for 8 years and older
- When defibrillating/cardioverting patients ≤10kg weight (GRAY, PINK, and RED color zones), use “pediatric" pads". Optimal placement of pads in this age group is anterior-posterior placement (one pad over the heart, the other on the back).
- When defibrillating/cardioverting patients ≥10 kg weight (PURPLES through GREEN color zones), use “adult" pads with standard placement or follow manufacturer's directions for hands free defibrillation.
- If patient is hypothermic, transport may be indicated to re-warm patient in hospital setting prior to termination of efforts.
- Consider termination of efforts if there is no response to ALS measures. (see Guidelines for Determining Death in the Field)
- Provide emotional support as appropriate. Contact Public Safety Communications for grief support referral.