**Pediatric Cardiac Arrest**

**History**
- Code status (DNR or POLST)
- Events leading to arrest
- Estimated downtime
- History of current illness
- Past medical history
- Medications
- Existence of terminal illness

**Signs and Symptoms**
- Unresponsive
- Apneic
- Pulseless

**Differential**
- Airway obstruction/respiratory disease
- Medical vs. trauma
- VF vs. pulseless VT
- Asystole
- PEA
- Primary cardiac event vs. respiratory arrest or drug overdose

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**Criteria for death/no resuscitation**
Review DNR/POLST form

**AT ANY TIME**
Return of spontaneous circulation
Go to Post Resuscitation

**Suspected traumatic arrest?**
- Yes
  - Traumatic Arrest
- No

**Decomposition**
- Rigor mortis
- Do not begin resuscitation
- Follow Operations 10 – Determination of Death

**Obvious Death**

**Begin chest compressions (15:2 ratio)**
- 1.5 inches for infants; 2 inches for children
- Change compressors every 2 minutes (limit changes/pulse checks to < 5 seconds)

**ALS available?**
- Yes
  - Cardiac monitor
    - EtCO₂ monitoring
  - Shockable rhythm?
    - Yes
      - Asystole/PEA
      - VF/VT
    - No
      - Continue CPR
        - 2 minutes
        - Repeat and assess
      - Automated defibrillation
        - Continue CPR
          - 2 minutes
          - Repeat and assess
      - Return of spontaneous circulation?
        - Yes
          - Post Resuscitation
        - No
          - Continue CPR
            - 2 minutes
            - Repeat and assess

**Apply AED if available**

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**Notify receiving facility.**
Consider Base Hospital for medical direction

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**Effective April 2022**
Pearls

- Airway is a more important intervention in pediatric arrests. This should be accomplished quickly with a BVM, airway adjunct, and appropriately sized mask. Patient survival is often dependent on proper ventilation and oxygenation.
- Efforts should be directed at high quality chest compressions with limited interruptions.
- Use appropriately sized pediatric BVM with EtCO₂.
- Do not delay chest compressions while applying any device or intervention.
- Use a metronome during chest compression to ensure proper rate.
- Provide resuscitative efforts for 30 minutes to maximize chance of ROSC.
- If resuscitative efforts do not attain ROSC, consider cessation of efforts per Operations 10 – Determination of Death.
- Resuscitation is based on proper planning and organized execution. Procedures require space and patient access. Make room to work. Utilize a team focused approach assigning responders to predetermined tasks.
- Reassess airway and document EtCO₂ frequently.
- Defibrillation vests should be removed by EMS personnel before compressions, but do not cut vests. Once removed, disengage battery to prevent alarming.
- Pediatric pads should be used in children < 10kg or measurement of Purple.