## 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

### 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
  - Suspected non-traumatic arrest?

### Suspected non-traumatic arrest?
- Yes
  - Shockable rhythm?
    - Yes
      - VF/VT
    - No
      - Asystole
      - PEA
- No
  - Continue CPR
    - 2 minutes
    - Repeat and assess

### Return of spontaneous circulation?
- Yes
  - Post Resuscitation
- No
  - Continue CPR
    - 2 minutes
    - Repeat and assess

### Decomposition/Rigor mortis
- Do not begin resuscitation
- Follow Policy 507 – Determination of Death

### Obvious Death

### ALS available?
- Yes
  - Cardiac monitor
    - EtCO₂ monitoring
- No
  - Apply AED if available
  - Shockable rhythm?
    - Yes
      - VF/VT
    - No
      - Asystole
      - PEA
  - Continue CPR
    - 2 minutes
    - Repeat and assess

### Notify receiving facility.
- Consider Base Hospital for medical direction
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 immediate transport is necessary, make sure all necessary interventions are in place prior to transport.
- If resuscitative efforts do not attain ROSC, consider cessation of efforts per Policy 507 – Determining 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.
- Pediatric pads for children should be used based on manufacturer recommendation.