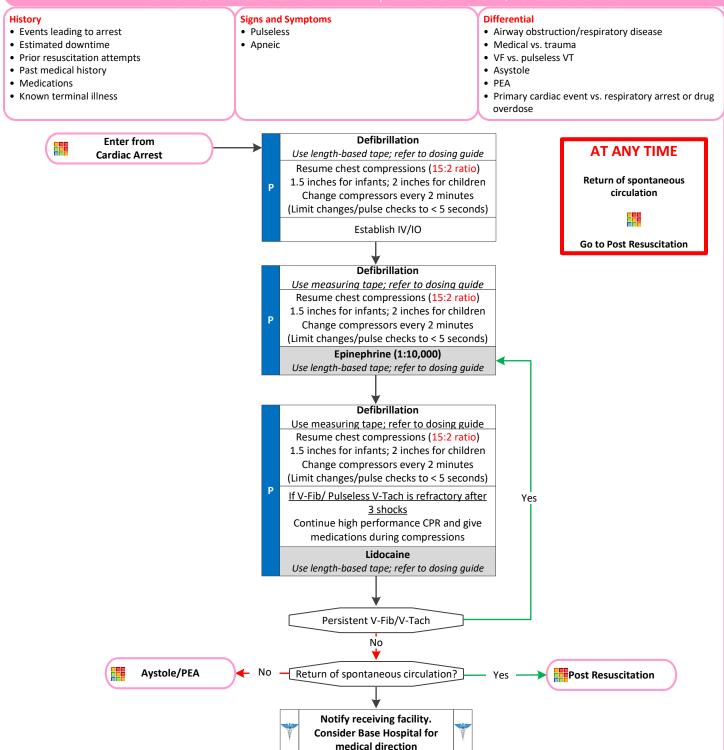
## Pediatric Cardiac Arrest Treatment Protocols

## Pediatric V-Fib/Pulseless V-Tach

For non-traumatic cardiac arrest in which any resuscitation is initiated. NOT dead on arrival



San Mateo County Emergency Medical Services

## Pediatric V-Fib/Pulseless V-Tach

For non-traumatic cardiac arrest in which any resuscitation is initiated, NOT dead on arrival

## **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 EtCO<sub>2</sub>.
- 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 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 EtCO<sub>2</sub> frequently.
- Defibrillation vests should be removed by EMS personnel before compressions, but do not cut vests. Once removed, disengage battery to prevent alarming.

