Enter from Cardiac Arrest

History
- Events leading to arrest
- Estimated downtime
- Prior resuscitation attempts
- Past medical history
- Medications
- Known terminal illness

Signs and Symptoms
- Pulseless
- Apneic

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

AT ANY TIME
Return of spontaneous circulation
Go to Post Resuscitation

Establish IV/IO

Defibrillation
Use length-based tape; refer to dosing guide
Resume 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)

Defibrillation
Use measuring tape; refer to dosing guide
Resume 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)

Epinephrine (1:10,000)
Use length-based tape; refer to dosing guide

Defibrillation
Use measuring tape; refer to dosing guide
Resume 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)

If V-Fib/ Pulseless V-Tach is refractory after
3 shocks
Continue high performance CPR and give medications during compressions

Lidocaine
Use length-based tape; refer to dosing guide

Persistent V-Fib/V-Tach

Aystole/PEA

No

Return of spontaneous circulation?

Yes

Post Resuscitation

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 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.
- Defibrillation vests should be removed by EMS personnel before compressions, but do not cut vests. Once removed, disengage battery to prevent alarming.