### History
- Respiratory arrest
- Cardiac arrest

### Signs and Symptoms
- Return of spontaneous circulation

### Differential
- Continue to address specific differentials associated with the original dysrhythmia

### Pearls
- Hyperventilation is a significant cause of hypotension/recurrence of cardiac arrest in the post resuscitation phase and should be avoided.
- Hypotension is age dependent. This is not always reliable and should be interpreted in context with the patient’s typical BP, if known. Shock may be present with a seemingly normal blood pressure initially. Hypotension is defined as:
  - Neonate: < 60mmHg or weak pulses
  - Infant: < 70mmHg or weak pulses
  - 1-10 years: < 70mmHg + (age in years x2)
  - Over 10 years: < 90mmHg

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### Treatment Protocol

<table>
<thead>
<tr>
<th>E</th>
<th>Repeat primary assessment</th>
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<tbody>
<tr>
<td>Optimize ventilation and oxygenation</td>
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<tr>
<td>- Maintain SpO₂ ≥ 92%</td>
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<tr>
<td>- Maintain respiratory rate between 10-20/minute for EtCO₂ 35 – 45</td>
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<tr>
<td>- DO NOT HYPERVENTILATE</td>
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<tr>
<td>Normal Saline bolus IV/IO</td>
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<tr>
<td>Use Broselow Tape; refer to dosing guide</td>
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<tr>
<td>May repeat x2</td>
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</tbody>
</table>

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### Hospitals with Pediatric Critical Care Units
- Stanford
- UCSF Mission Bay
- CPMC Van Ness Campus

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### Bradycardia

- Yes

### Symptomatic Bradycardia?

- No

- Notify receiving facility. Consider Base Hospital for medical direction