PEDIATRIC CARDIAC ARREST
(9 to 15 Years of Age)

FIELD ASSESSMENT/TREATMENT INDICATORS:

No spontaneous respirations or pulse
Consider the potential causes of arrest in this age group
- Drug use
- Trauma
- Congenital Abnormalities

BLS INTERVENTIONS

1. Assess environment and determine possible cause of arrest
2. Assess ABC's, initiate CPR and utilize AED if available
3. Airway management
   a. Place OPA/NPA, if available
   b. Ventilate patient with BVM and 100% supplemental oxygen

VENTRICULAR FIBRILLATION/PULSELESS VENTRICULAR TACHYCARDIA

ALS INTERVENTIONS

1. Determine dysrhythmia as pulseless V-fib/V-Tach, then defibrillate up to 3 times at 200j, 200-300j, 360j or 2j/kg, 2-4j/kg, 4j/kg (or equivalent biphasic)
2. Establish and maintain advanced airway
   a. Endotracheal intubation
   b. Needle cricothyrotomy, for patient with facial trauma or obstructed airway and unable to ventilate
3. Establish vascular access and administer 300cc NS bolus IO/IV, evaluate
4. Epinephrine (May repeat same dosage at 3-5 minute intervals)
   a. 1.0mg (1:10,000) IV/IO
   b. 2.0mg (1:1,000) via ET
5. Lidocaine 1mg/kg IO/IV/ET may repeat at 0.5mg/kg after 5 minutes. Maximum dose 3mg/kg
6. Insert naso/orogastric tube
7. If pulseless V-fib/V-Tach persists, defibrillate at 360j or 4j/kg (or equivalent biphasic) within 30-60 seconds after each medication
8. Administer additional 20ml/kg NS bolus IO/IV
9. Naloxone 2mg IO/IV/ET for suspected narcotic overdose (May repeat once as clinically indicated)

BASE HOSPITAL ORDER:

*1. Repeated boluses of 150ccNS IO/IV for suspected etiology of fluid deficit
*2. Repeated defibrillation at 360j or 4j/kg
*3. Establishment of second IO/IV

*May be done in radio communication failure

PULSELESS ELECTRICAL ACTIVITY / ASYSTOLE

ALS INTERVENTIONS

1. Determine dysrhythmia as pulseless electrical activity (PEA) or asystole.
2. Establish and maintain advanced airway
   a. Endotracheal intubation
   b. Needle cricothyrotomy, for patient with facial trauma or obstructed airway and unable to ventilate.
3. Establish vascular access IV/IO and administer 300cc NS bolus IO/IV, evaluate
4. Epinephrine (May repeat same dosage at 3-5 minute intervals)
   a. 1.0mg (1:10,000) IV/IO
   b. 2mg (1:1000) via ET
5. Atropine 1.0mg IV/ET/IO if PEA rate is slow or in asystole, (May repeat every 3 to 5 minutes to a total dose of 0.04mg/kg)
6. Administer additional 300cc NS bolus IO/IV.
7. Insert naso/orogastric tube
8. Naloxone 2mg IO/IV/ET for suspected narcotic overdose (May repeat once as clinically indicated)
9. Consider and treat identified reversible causes

BASE HOSPITAL ORDER

*1. Repeated boluses of 150cc NS IO/IV for suspected etiology of fluid deficit
*2. Establishment of second IO/IV

*May be done in radio communication failure