PEDIATRIC CARDIAC ARREST

Universal Protocol
Newborn – CPR 3:1
1 day to 1 month – CPR 15:2
> 1 month – HPCPR 10:1
Consider Reversible Causes
Monitor ETCO₂

▪ Emphasize resuscitation and HPCPR rather than immediate transport
▪ At 200 compressions begin charging the monitor – continue CPR while monitor is charging
▪ Once fully charged, stop CPR for rhythm analysis

Shockable Rhythm?
V-FIB OR V-TACH

YES

Shocks
▪ Initial shock at 2 J/kg
▪ Subsequent shocks at 4J/kg
▪ Recurrent V-fib/V-tach use last successful shock level

NO

▪ Dump charge
▪ Continue HPCPR

Medications
▪ Epinephrine 1:10,000 0.01 mg/kg (0.1 ml/kg) IV/IO, not to exceed 0.3mg, repeat every 3-5 min
▪ Lidocaine 1 mg/kg IV/IO repeat every 5 min (max total dose 3 mg/kg)

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Base Hospital Orders - Contact and transport to the nearest Base Hospital
▪ Push-Dose Epinephrine 10 mcg/mL 1 mL IV/IO (0.1 mL/kg if <10 kg) every 1-3 min, repeat as needed to titrate to age appropriate SBP, or
▪ Epinephrine Drip start at 10 mcg/min IV/IO infusion
▪ Termination of CPR

Notes
▪ Provide 2 minutes of CPR between treatment modalities
▪ Pulse checks – perform during rhythm analysis with an organized rhythm >60 BPM
▪ Organized rhythm ≤60 continue HPCPR for 2 mins, then assess for ROSC
▪ Immediately resume CPR after defibrillations
▪ Do not hyperventilate – keep ventilations to 1 sec
▪ Use Broselow tape or equivalent, if available
▪ Prior to transport:
  o IV access
  o Management of the airway
  o First round of Epinephrine followed by 2 min CPR