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 $ETCO_2$

- 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

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)

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

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:
  - IV access
  - Management of the airway
  - First round of Epinephrine followed by 2 min CPR