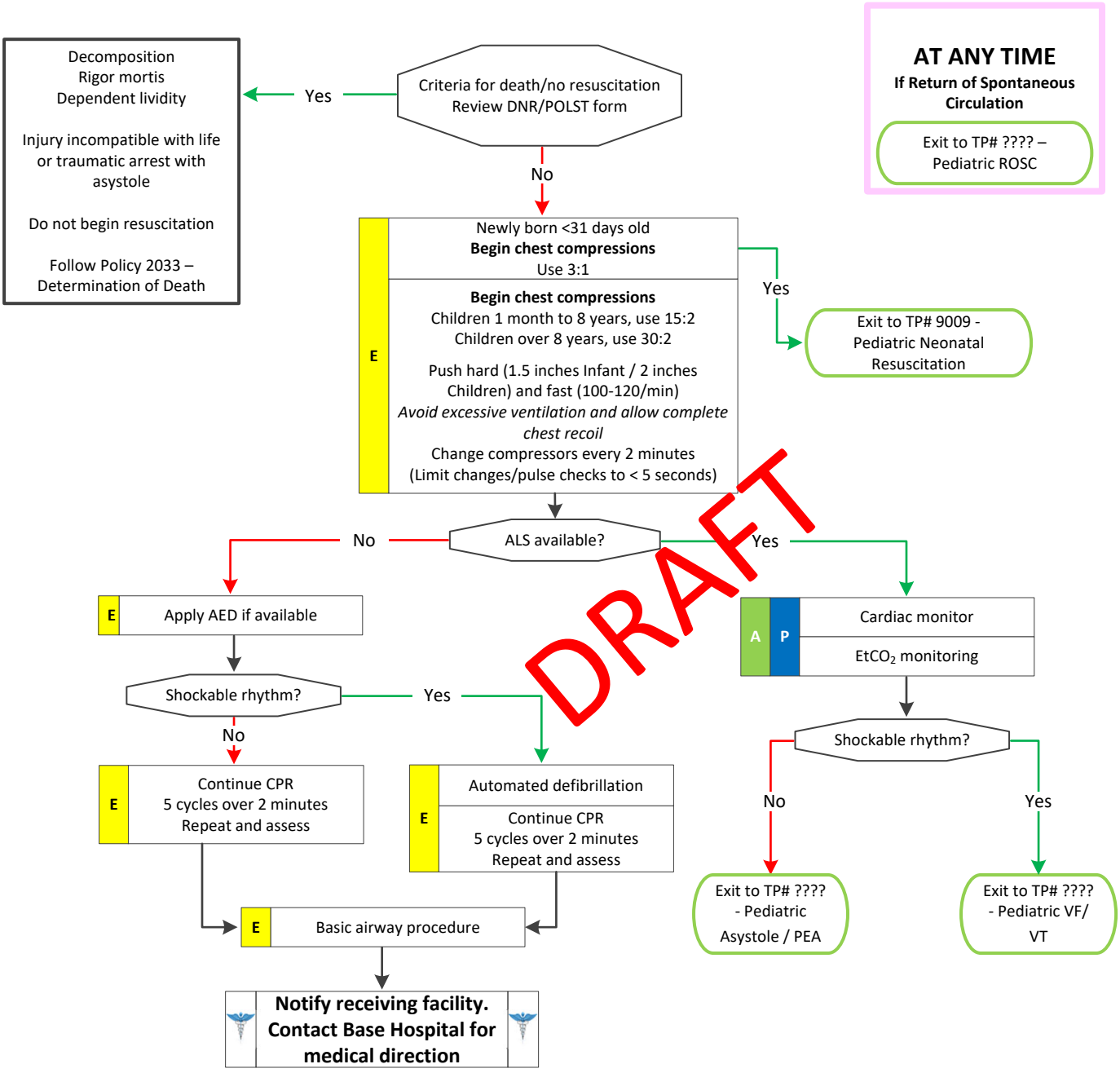
Pediatric Cardiac Arrest

EMS Medical Director:
Signature on File
EMS Administrator:
Signature on File

History
- Code status (DNR or POLST)
- Events leading to arrest
- Estimated downtime
- Prior resuscitation attempts
- Past medical history
- Medications
- Existence of terminal illness
- Suspected physical abuse

Signs and Symptoms
- Unresponsive
- Apneic
- Pulseless

Differential
- Respiratory failure (foreign body, secretions, infection)
- Hypovolemia (dehydration)
- Congenital heart disease
- Trauma
- Hypothermia
- Tension pneumothorax, cardiac tamponade, or PE
- Toxin or medication
- Electrolyte abnormalities (glucose, potassium)
- Acidosis



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- DO NOT HYPERVENTILATE
- i-Gel is always the preferred advanced airway – See TP # 9001
- Whenever feasible, transport the medical Durable Power of Attorney (DPOA) or immediate family member with the patient to the hospital.
- It is important to spend the 20 minutes doing effective CPR to attempt to get ROSC in the field. If CPR and advanced life support is performed for 20 minutes with no ROSC, the patient will be transported to the ED and not pronounced on scene.

Pearls

- Efforts should be directed at high quality chest compressions with limited interruptions and early defibrillation when indicated. Compress 1.5 inches in infants and 2 inches in children. Consider early IO placement if available or direct IV access if anticipated.
- In cases of clear-cut traumatic arrest, epinephrine is not indicated in PEA or asystole. Epinephrine will not correct arrest caused by a tension pneumothorax, cardiac tamponade, or hemorrhagic shock. If there is any doubt as to the cause of arrest, treat as a non-traumatic arrest.
- Airway is a more important intervention in pediatric arrests. This should be accomplished quickly with a BVM and appropriately sized mask. Patient survival is often dependent on proper ventilation and oxygenation.
- Resuscitation is based on proper planning and organized execution. Procedures require space and patient access. Make room to work. Utilize team focused approach assigning responders to predetermined tasks.
- Prevent hypothermia by moving to a warm environment and avoid unnecessary exposure.

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