

## San Benito County EMS Agency Section 700: Pediatric Patient Care Protocols

Protocol 700-C1-P Cardiac Arrest Rev: 2/18

## **BLS Treatment**

- Treat life threats. (See Procedure 701 Life Threats)
- Confirm DNR Status
- CPR per current County guidelines. Minimize delays and interruptions
- Apply AED and use as indicated
- Prepare for transport/transfer of care.

## **ALS Treatment**

- Treat life threats. (See Procedure 701 Life Threats)
- Cardiac Monitor and determine rhythm
- Identify possible causes\*
  - Treat according to Table 1
  - Known dialysis patients with possible hyperkalemia
    - Sodium Bicarbonate 1 mEq/kg IV/IO
    - Calcium Chloride 20 mg/kg IV/IO.
  - Penetrating Chest Trauma
    - Consider Tension Pneumothorax (see Procedure 702 Pleural Decompression)
- If ROSC achieved:
  - Maintain  $SpO_2 \ge 95\%$  using lowest concentration of  $O_2$  possible
  - ➤ Ventilate to achieve an end tidal CO<sub>2</sub> of 35 45 mmHg Warning: Avoid hyperventilation
  - $\triangleright$  Maintain SBP ≥ 90 mmHg.
    - IV fluids, Normal Saline 20 cc/kg bolus
    - **Epinephrine** 0.01 mg/kg IV/IO every 3 minutes as needed.
    - If the patient's SBP is  $\geq$  90 mmHg, there is no need for any further circulatory support.
  - Manage post-arrest arrthymias as needed.
  - Obtain a 12 lead ECG and transmit as indicated.
- Consider transporting hypothermic, drug-overdosed, or electrocuted patients.

\*Causes of Cardiac Arrest

Hypovolemia
Hypoxemia
Hydrogen Ion (Acidosis)
Hyper/Hypokalemia
Hypothermia

\*Causes of Cardiac Arrest

• Tox (OD/Drugs)
• Tamponade (Cardiac)
• Tension Pneumothorax
• Thrombosis (MI, PE)

David Ghilarducci MD

David Ghilarducci MD

**EMS Medical Director** 



## San Benito County EMS Agency Section 700: Pediatric Patient Care Protocols

Rev: 2/18 Protocol 700-C1-P Cardiac Arrest

Table 1					
Asystole		Pulseless Electrical Activity (PEA)		Ventricular Fibrillation or Pulseless Ventricular Tachycardia	
*	Epinephrine  ➤ (1:10,000) 0.01mg/kg IVP/IO  ➤ Repeat q3-5minutes for duration of arrest.  Consider Normal Saline  ➤ 20 ml/kg fluid challenge.  ➤ May repeat as indicated, If no response consider termination of resuscitative efforts (see Policy 613, Determination of Death in the Field)	*	Epinephrine  ➤ (1:10,000)0.01mg/kg IVP/IO  ➤ Repeat q3-5minutes for duration of arrest.  Consider Normal Saline  ➤ 20 ml/kg fluid challenge.  ➤ May repeat as indicated, If electrical HR <40 BPM due to blunt trauma, consider determination of death prior to initiating resuscitation (see Policy 613, Determination of Death in the Field)	* * * *	Defibrillate ASAP  Epinephrine  ➤ (1:10,000) 0.01mg/kg IVP/IO  ➤ Repeat q3-5min  Defibrillate at max. joules as above after 5 cycles of CPR  ➤ Start at 2 joules/kg then 4 joules/kg  Defibrillate after each medication throughout the arrest  Amiodarone  ➤ 5mg/kg mg IVP/IO  If return to supraventricular rhythm, consider:  Normal Saline 250ml bolus
Documentation					
*	Evaluation and Policy 502 San Benito County Patient Care Record (PCR) and Transfer of Care Document)				

☐ Defibrillation (number and dose)

☐ Survival to ED discharge(CAR-3)

☐ Survival to hospital discharge (CAR4)

☐ Intubation (see #6)

☐ ROSC (y/n) (CAR-2)

Davil Bladucei MD

☐ Bystander CPR (PUB-1)

☐ Initial rhythm recorded

☐ AED prior to arrival (CAR-1)

☐ First Arrival time to rescuer CPR☐ Initial rhythm recorded

☐ EtCO2 readings (initial and continuous)

David Ghilarducci MD **EMS Medical Director**