

PEORIA AREA EMS SYSTEM
PEDIATRIC PREHOSPITAL CARE MANUAL

**Resuscitation of Pediatric
Pulseless Rhythms Protocol**

Pulseless Electrical Activity & Asystole

ILS Care

1. Initiate *Cardiac Arrest Protocol*.
2. Evaluate rhythm after 2 minutes of CPR.
3. **Epinephrine 1:10,000**: 0.01mg/kg IV (*Minimum dose 0.1mg*) (*Max single dose: 1mg*) every 3 to 5 minutes as needed.
4. **Continue CPR** and re-evaluate patient/rhythm every 2 minutes.
5. **IV Fluid Therapy**: 20mL/kg fluid bolus for suspected hypovolemia.
6. **Dextrose**: if blood sugar is < 60mg/dL:
 - a) 0-1 month: **D10**: 2mL/kg IV
 - b) 1 month – 2 years: **D25**: 2mL/kg IV
 - c) >2 years: **D50**: 2mL/kg IV
7. **Narcan**: 0.1mg/kg IV (*Max single dose: 2mg*) if suspected narcotic overdose.
8. Initiate ALS intercept and transport as soon as possible.
9. **Contact Medical Control** as soon as possible.

ALS Care

1. Initiate *Cardiac Arrest Protocol*.
2. Evaluate rhythm after 2 minutes of CPR.

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Pulseless Electrical Activity & Asystole (continued)

ALS Care (continued)

3. **Epinephrine 1:10,000**: 0.01mg/kg IV/IO (*Minimum dose 0.1mg*) (*Max single dose: 1mg*) and repeat every *3 to 5 minutes* as needed.
OR
Epinephrine 1:1,000: 0.1mg/kg ETT (*Max single dose: 1mg*) and repeat every *3 to 5 minutes* as needed.
4. **Continue CPR** and re-evaluate patient/rhythm every 2 minutes.
5. **IV Fluid Therapy**: 20mL/kg fluid bolus for suspected hypovolemia.
6. **Dextrose**: if blood sugar is < 60mg/dL:
 - a) *0-1 month*: **D10**: 2mL/kg IV/IO
 - b) *1 month – 2 years*: **D25**: 2mL/kg IV/IO
 - c) *>2 years*: **D50**: 2mL/kg IV/IO
7. **Narcan**: 0.1mg/kg IV/IO/ETT (*Max single dose: 2mg*) if suspected narcotic overdose.
8. **Needle chest decompression** for a patient in *traumatic* cardiac arrest with suspected tension pneumothorax.
9. **Contact Medical Control** as soon as possible.
10. Transport as soon as possible.

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Critical Thinking Elements

- Pediatric cardiac arrest is often related to hypoxia and poor ventilation. Ensure proper oxygenation and ventilation.
- Prompt transport of the pediatric patient is an important aspect of successful resuscitation. *Do not spend time at the scene attempting to do procedures you may not feel confident in or experienced in doing.* CPR and good BVM ventilation are the only procedures needed initially.
- Broselow tapes are an effective means to estimate weight. Refer to PAEMS protocols for medication doses.