

PEORIA AREA EMS SYSTEM
PEDIATRIC PREHOSPITAL CARE MANUAL

**Resuscitation of Pediatric
Pulseless Rhythms Protocol**

The successful resuscitation of patients in cardiac arrest is dependent on a systematic approach to resuscitation. ACLS medications are an important factor in successful resuscitation of the pulseless patient when the initial rhythm is not ventricular fibrillation (V-fib) or in cases where defibrillation has been unsuccessful. It is important that BLS providers understand the value of effective CPR and an ALS intercept in providing the patient with ACLS therapy.

First Responder Care

Not applicable. First Responders are not equipped with ACLS medications and shall treat the patient in accordance with the *Pediatric Cardiac Arrest Protocol*.

BLS Care

Not applicable. BLS providers are not equipped with ACLS medications and shall treat the patient in accordance with the *Pediatric Cardiac Arrest Protocol*.

Ventricular Fibrillation (V-fib) or Pulseless Ventricular Tachycardia (V-tach)

ILS Care

1. Initiate *Pediatric Cardiac Arrest Protocol*.
2. Evaluate the rhythm after 2 minutes of CPR. If V-fib or pulseless V-tach:
Defibrillate at 2 Joules / kg. **
➡ **If the patient converts to a perfusing rhythm (with a heart rate > 80 bpm), administer Lidocaine: 1mg/kg IV (with Medical Control order only).
3. **Immediately resume CPR for 2 minutes** and re-evaluate the patient/rhythm.

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Ventricular Fibrillation (V-fib) or Pulseless Ventricular Tachycardia (V-tach) (continued)

ILS Care (continued)

4. **Epinephrine 1:10,000**: 0.01mg/kg IV. *Minimum dose* 0.1mg (*Max single dose*: 1mg) and repeat every **3 to 5 minutes** as needed.
5. If pulseless V-fib/V-tach persists: **Defibrillate at 4 Joules / kg**.
6. **Immediately resume CPR for 2 minutes** and re-evaluate the patient/rhythm.
7. **Lidocaine**: 1mg/kg IV. Repeat bolus: 1mg/kg IV in **3-5 minutes** to a total of 3mg/kg for refractory V-fib/V-tach.
8. If pulseless V-fib/V-tach persists: **Defibrillate at 4 J/kg.****
9. **Immediately resume CPR** and re-evaluate patient/rhythm every 2 minutes.
10. **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
11. **Narcan**: 0.1mg/kg IV (*Max single dose*: 2mg) if suspected narcotic overdose.
12. Initiate ALS intercept and transport as soon as possible.
13. **Contact Medical Control** as soon as possible.

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Ventricular Fibrillation (V-fib) or Pulseless Ventricular Tachycardia (V-tach) (continued)

ALS Care

1. Initiate *Pediatric Cardiac Arrest Protocol*.
2. Evaluate the rhythm after 2 minutes of CPR. If V-fib or pulseless V-tach:
Defibrillate at 2 Joules / kg. **
 - ➡ ****If the patient converts to a perfusing rhythm** (with a heart rate > 80 bpm), administer **Lidocaine**: 1.0mg/kg IV/IO or 2.0mg/kg ETT.
3. **Immediately resume CPR for 2 minutes** and re-evaluate the patient/rhythm.
4. **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.
5. If pulseless V-fib/V-tach persists: **Defibrillate at 4 J/kg**.
6. **Immediately resume CPR for 2 minutes** and re-evaluate the patient/rhythm.
7. **Lidocaine**: 1mg/kg IV/IO or 2.0mg/kg ETT. Repeat bolus: 1mg/kg IV/IO or 1.0mg/kg ETT in *3-5 minutes* to a total of 3mg/kg for refractory V-fib/V-tach.
8. If pulseless V-fib/V-tach persists: **Defibrillate at 4 J/kg**.
9. **Immediately resume CPR** and re-evaluate the patient/rhythm every 2 minutes.
10. **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

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ALS Care (continued)

11. **Narcan:** 0.1mg/kg IV/IO/ETT (*Max single dose: 2mg*) if suspected narcotic overdose.
12. **Contact Medical Control** as soon as possible.
13. Transport as soon as possible.