

SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

Effective: 02/01/05

Protocol: P-044.2

PEDIATRIC CARDIAC ARREST: BRADYASYSTOLE AND PEA

SUBJECTIVE FINDINGS

Patient age, medical history (ex. history of cardiovascular disease, congenital heart defect, respiratory disease, trauma, diabetes), history of present event (ex. complaints prior to arrest, possibility of choking, allergic reaction, etc.).

OBJECTIVE FINDINGS

- Examine EKG rhythm for: frequency, regularity and width of complexes.
- Identify and treat causes of asystole, bradycardia and PEA [Assume that respiratory failure and shock as most likely causes]:
 - Severe hypoxemia
 - Severe acidosis
 - Severe hypovolemia
 - Tension pneumothorax
 - Cardiac tamponade
 - Profound hypothermia

BLS Treatment	ALS Treatment
<ul style="list-style-type: none">• Assess patient and confirm pulselessness.• Start CPR, using pediatric standards.• Assure adequacy of ventilations and compressions.• Obtain patient history.• Routine Medical Care.	<ul style="list-style-type: none">• Standard cardiac arrest management: ABC's, CPR, manage airway according to the Airway Management Protocol (P-004).• IV or IO of NS.• Epinephrine:<ul style="list-style-type: none">IVP or IO: (1:10,000) 0.01 mg/kg (0.1 ml/kg)Repeat q 3-5 min.• IV fluid challenge of 20 ml/kg NS if suspicion of hypovolemia. Repeat prn.

DOCUMENTATION

Respiratory status: If inadequate, BLS airway maneuvers.

Manage airway according to the Airway Management Protocol (P-004).

PRECAUTION AND COMMENTS

Termination of resuscitation effort for pediatric patients should be done in collaboration with the base station physician.