

SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

Effective: 01/01/11
Supersedes: 08/01/07

Protocol: P-044.3

PEDIATRIC CARDIAC ARREST VENTRICULAR FIBRILLATION / PULSELESS VENTRICULAR TACHYCARDIA

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

- Patient is apneic and pulseless.
- Monitor shows ventricular fibrillation or ventricular tachycardia.

BLS Treatment	ALS Treatment
<ul style="list-style-type: none">• Assess patient and confirm pulselessness.• Start CPR using pediatric standards..• Ensure adequacy of ventilations and compressions• Obtain quick, resuscitation-oriented patient history .	<ul style="list-style-type: none">• Confirm that patient is pulseless and in V-Fib on the EKG monitor.• Ensure adequacy of CPR until defibrillator ready.• Defibrillate patient 2 J/kg. Subsequent defibrillation shocks (if needed) should be delivered at 4 J/kg for Biphasic or equivalent energy level for Monophasic wave defibrillators, per manufacture's instructions. [see PRECAUTIONS AND COMMENTS].• Standard cardiac arrest management: ABC's, CPR.• Manage airway according to the Airway Management Protocol (P-004)– ventilate with 100% oxygen.• Establish IV or IO of NS. <p>Epinephrine: IVP or IO: (1:10,000) 0.01 mg/kg (0.1 ml/kg) Repeat q 3-5 min.</p> <p>Defibrillate 4 J/kg.</p> <p>Amiodarone 5 mg/kg slow IV push or IO, may repeat x 2 every 5 min. to a maximum of 15 mg/kg [see PRECAUTIONS and COMMENTS].</p> <p>Defibrillate 4 J/kg</p> <ul style="list-style-type: none">• If rhythm changes, check for pulses, and proceed to appropriate CARDIAC ARREST or DYSRHYTHMIA Protocol as indicated.
BASE HOSPITAL CONTACT CRITERIA	
<ul style="list-style-type: none">• Termination of resuscitation effort for pediatric patients should be done in collaboration with the base station physician.	

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DOCUMENTATION

Defibrillation energy levels correct

Epinephrine given if no ROSC with initial 3 shocks

Defibrillating, use “infant” pads on patients 15 kg or less.

PRECAUTIONS AND COMMENTS

- When defibrillating, use “infant” paddles on patients < 1 year/10 kg weight. Patients > 1 year/10 kg, use “adult” paddles with anterior/posterior placement.
- Minimize on scene time and expedite transport.
- Always utilize the energy levels recommended by the defibrillator manufacturer of the specific model utilized for the resuscitation.
- The maximum single dose of **Amiodarone** is 300 mg.