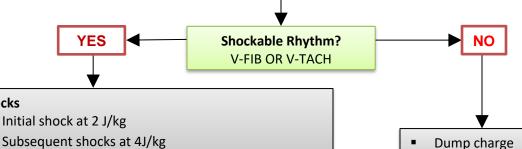
Protocol #641 - B

Effective Date: 08/01/2019

PEDIATRIC CARDIAC ARREST

Universal Protocol Newborn - CPR 3:1 1 day to 1 month - CPR 15:2 > 1 month - HPCPR 10:1 **Consider Reversible Causes Monitor ETCO₂**

- Emphasize resuscitation and HPCPR rather than immediate transport
- At 200 compressions begin charging the monitor continue CPR while monitor is charging
- Once fully charged, stop CPR for rhythm analysis



Shocks

- Subsequent shocks at 4J/kg
- Recurrent V-fib/V-tach use last successful shock level

Medications

- **Epinephrine 1:10,000** 0.01 mg/kg (0.1 ml/kg) IV/IO, not to exceed 0.3mg, repeat every 3-5 min
- **Lidocaine** 1 mg/kg IV/IO repeat every 5 min (max total dose 3 mg/kg)

Medications

Epinephrine 1:10,000 0.01 mg/kg (0.1 ml/kg) IV/IO, not to exceed 0.3mg, repeat every 3-5 min

Continue HPCPR

Base Hospital Orders - Contact and transport to the nearest Base Hospital

- Push-Dose Epinephrine 10 mcg/mL 1 mL IV/IO (0.1 mL/kg if <10 kg) every 1-3 min, repeat as needed to titrate to age appropriate SBP, or
- **Epinephrine Drip** start at 10 mcg/min IV/IO infusion
- **Termination of CPR**

Notes

- Provide 2 minutes of CPR between treatment modalities
- Pulse checks perform during rhythm analysis with an organized rhythm >60 BPM
- Organized rhythm ≤60 continue HPCPR for 2 mins, then assess for ROSC
- Immediately resume CPR after defibrillations
- Do not hyperventilate keep ventilations to 1 sec
- Use Broselow tape or equivalent, if available
- Prior to transport:
 - o IV access
 - Management of the airway
 - o First round of Epinephrine followed by 2 min CPR