

# PULSELESS ELECTRICAL ACTIVITY

The absence of a detectable pulse and the presence of some type of electrical activity other than V-fib or V-Tach define this group of arrhythmias. The summary term Pulseless Electrical Activity (PEA) incorporates electromechanical dissociation (EMD) and a heterogeneous group of rhythms that includes pseudo-EMD, idioventricular rhythms, ventricular escape rhythms and bradyasystolic rhythms.

## Field Treatment - BLS

PEDIATRIC PRIMARY SURVEY: Provide family psychosocial support if CPR is not indicated.

CPR: Continue as appropriate

VENTILATE: Via Bag-Valve Mask, 100% O<sub>2</sub>

AED: Apply ASAP

## Field Treatment - ALS

AIRWAY: Intubation not necessary if airway patent and adequate ventilations with BVM. Ventilate with 100% oxygen.

IV ACCESS: Intraosseous lines are the preferred method for rapid vascular access in cardiac arrest patients.

EPINEPHRINE: 1:10,000 (standard dose therapy) 0.01 mg/kg ◆ 0.1 ml/kg. Maximum dose ◆ 1 mg or 10 ml IO, IV.

FLUID BOLUS: 20 ml/kg. Reassess. Repeat twice prn.

TRANSPORT:

## Considerations:

- If Intraosseous or intravenous access cannot be immediately established, give drugs down the ET tube. Epinephrine 1:1000, 0.1 mg/kg ◆ 0.1 ml/kg ET, diluted in 1-2 ml of NS is standard dose therapy.

- Intubation not necessary if airway patent and adequate ventilations with BVM. Ventilate with 100% oxygen.

- Intraosseous lines are the preferred method for rapid vascular access in cardiac arrest patients.

## Base Physician Order:

DOPAMINE: Drip @ 2-20 ug/kg/min for shock refractory to IV fluids. Refer to Pediatric Dopamine Chart