



Pulseless Electrical Activity



Cardiac Arrest (Pediatric)

CRITERIA

- Patient unresponsive, without pulse or respiration, and with asystole or PEA evident on ECG (check 2 leads)
- Patients with rigor mortis, lividity, decomposition or injuries inconsistent with survival (e.g., Decapitation) are excluded
- Determine DNR status

PROTOCOL

EMR	Follow <i>General – Universal Patient Care/Initial Patient Contact Protocol</i> .	EMR
EMR	Follow American Heart Association guidelines for CPR.	EMR
I	Administer <i>Epinephrine 1:10,000 0.01 mg/kg (0.1 mL/kg) IV/IO.</i>	I
[A]	Suspected hypovolemia: 0.9% Normal Saline 20 mL/kg fluid bolus , continuously reassessing need for further fluid administration.	[A]
I	Administer <i>Epinephrine 1:10,000 0.01 mg/kg (0.1 mL/kg) IV/IO.</i>	I

PEARLS

The American Heart Association guidelines emphasize the importance of effective uninterrupted CPR during cardiac arrest. The following points are applicable in the non-shockable cardiac arrest protocol:

- Do not compromise CPR to obtain an advanced airway. Consider Blind Insertion Airway Device (BIAD)
- Once advanced airway is obtained, perform asynchronous CPR.
- Ensure full chest recoil during CPR
- Obtain IV/IO access at earliest opportunity
- Consider reversible causes:
 - Hypoxia
 - Hyperkalemia or hypokalemia
 - Preexisting acidosis
 - Drug overdose
 - Hypothermia
 - Tension Pneumothorax

🔔 ALS care should be obtained as rapidly as possible, but do not delay transport waiting for ALS.

🔔 If there is no ***Epinephrine 1:10,000 preloaded syringe***, combine in a ***10 mL syringe: 1 mg (1 mL) of Epinephrine 1:1,000 with 9 mL 0.9% Normal Saline***. This creates the same as an ***Epinephrine 1:10,000 preloaded syringe***.