

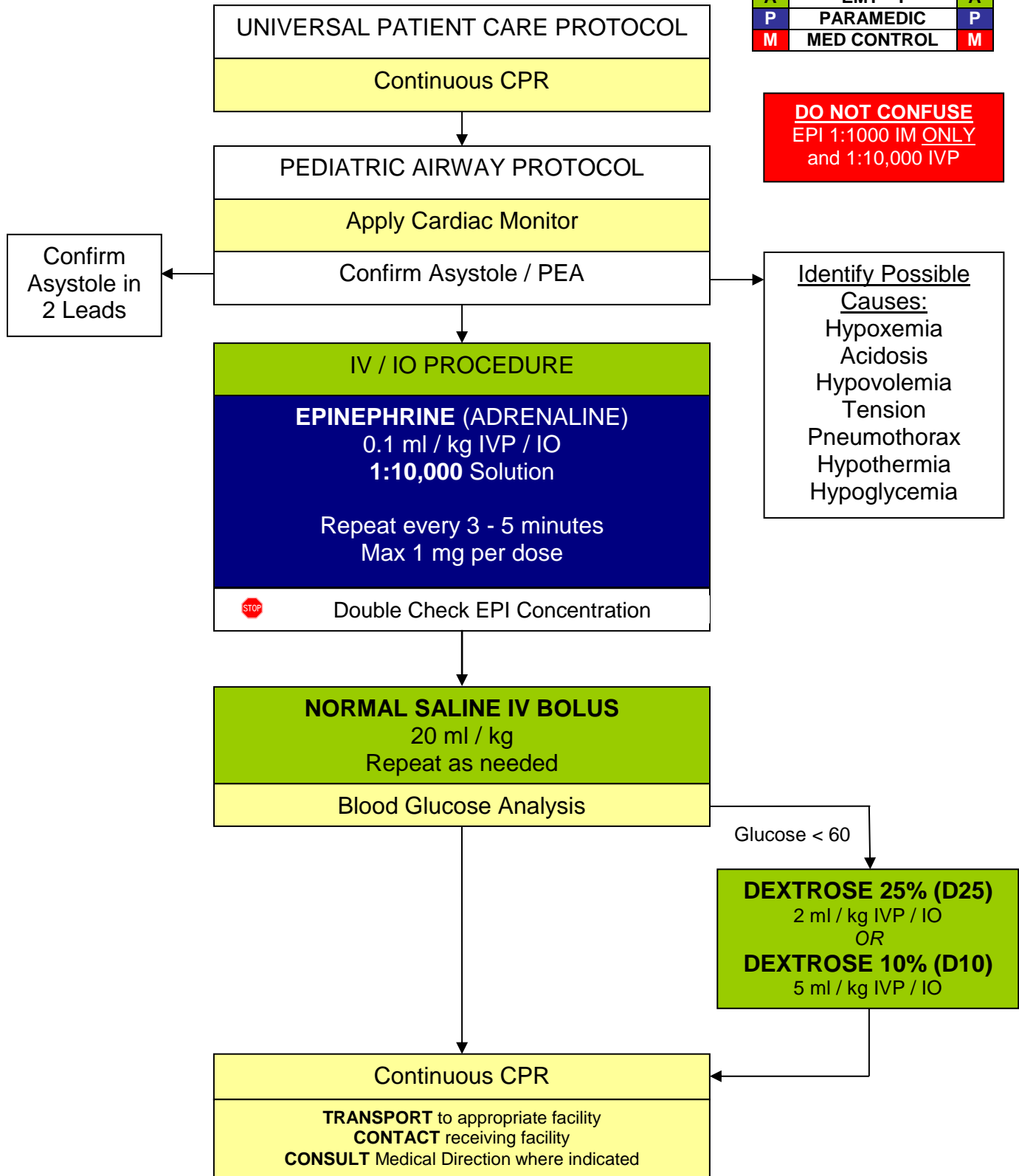


Section 9: Pediatric ACLS Protocols

PEDS ACLS: ASYSTOLE / PULSELESS ELECTRICAL ACTIVITY (PEA)

| | | |
|---|-------------|---|
| E | EMT | E |
| A | EMT - I | A |
| P | PARAMEDIC | P |
| M | MED CONTROL | M |

DO NOT CONFUSE
EPI 1:1000 IM ONLY
and 1:10,000 IVP





Section 9: Pediatric ACLS Protocols

PEDS ACLS: ASYSTOLE / PULSELESS ELECTRICAL ACTIVITY (PEA)

PEARLS and KEY POINTS

| HISTORY | SIGNS AND SYMPTOMS | DIFFERENTIAL DIAGNOSIS |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">• Time of arrest• Medical history• Medications• Possibility of foreign body• Hypothermia | <ul style="list-style-type: none">• Pulseless• Apneic or agonal Respirations• Cyanosis | <ul style="list-style-type: none">• Ventricular fibrillation• Pulseless ventricular tachycardia |

| CONSIDER TREATABLE CAUSES | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">• Hypovolemia• Tension pneumothorax• Myocardial infarction• Drug overdose• Hypothermia• Acidosis | <ul style="list-style-type: none">• Cardiac tamponade• Pulmonary embolism• Tricyclic overdose• Hypoxia• Hypoglycemia• Hyperkalemia |

Do Not Confuse Epinephrine 1:1000 IM dose and 1:10,000 IVP dose

- **Exam: Mental Status**
- Always confirm asystole in more than one lead.
- Cardiac arrest in children is primarily due to lack of an adequate airway, resulting in hypoxia.
- If the patient converts to another rhythm or has a return of circulation, refer to the appropriate protocol and treat accordingly.
- When assessing for a pulse palpate the brachial or femoral arteries for infants and the carotid or femoral artery for children.
- Continue BLS procedures throughout the resuscitation.
- If the patient is intubated, be sure to routinely reassess tube placement.
- If the patient has an IO, routinely reassess for patency.