

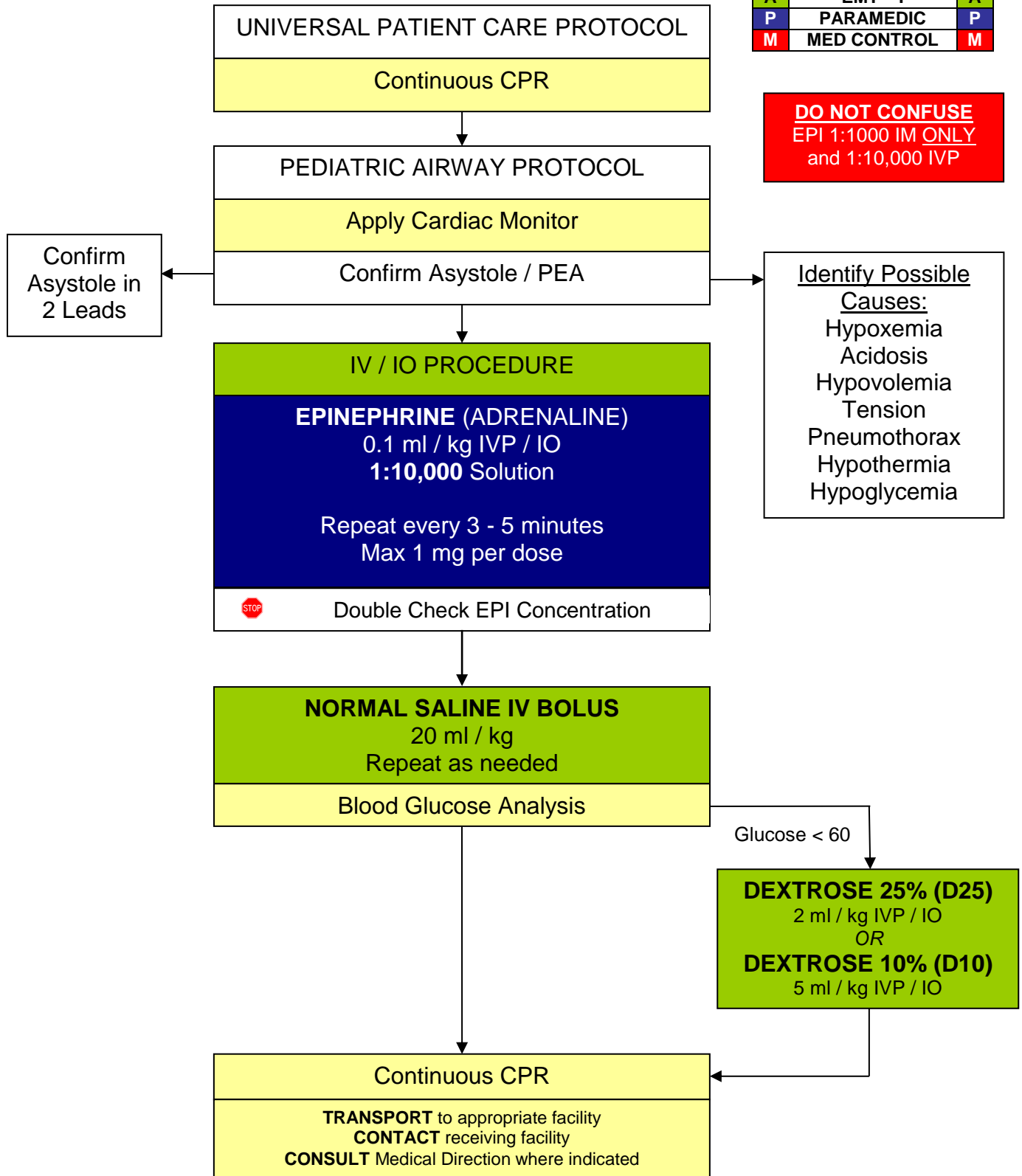


# Section 9: Pediatric ACLS Protocols

## 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"><li>• Time of arrest</li><li>• Medical history</li><li>• Medications</li><li>• Possibility of foreign body</li><li>• Hypothermia</li></ul>	<ul style="list-style-type: none"><li>• Pulseless</li><li>• Apneic or agonal Respirations</li><li>• Cyanosis</li></ul>	<ul style="list-style-type: none"><li>• Ventricular fibrillation</li><li>• Pulseless ventricular tachycardia</li></ul>

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

**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.