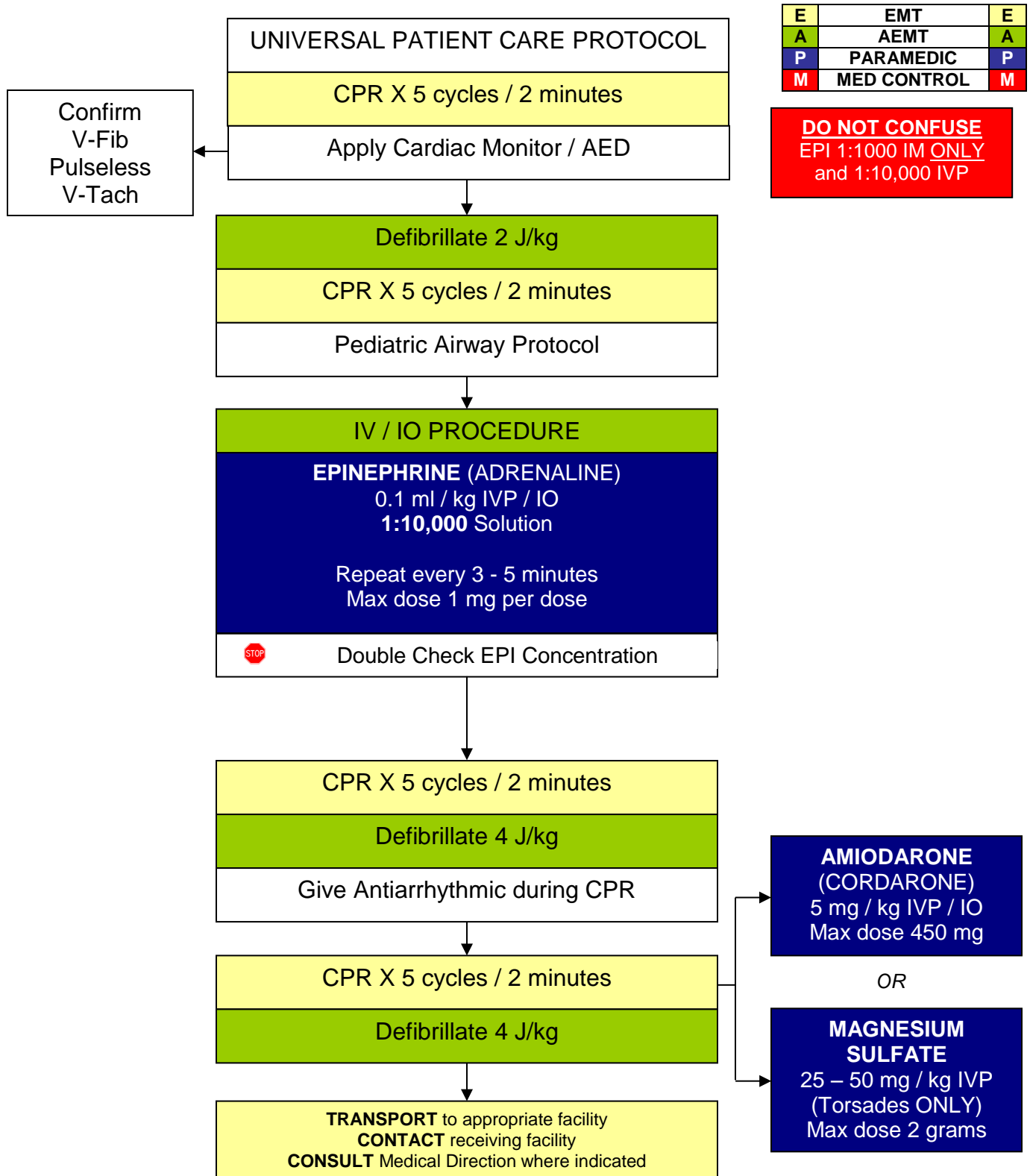




# Section 9: Pediatric ACLS Protocols

## PEDS ACLS: VENTRICULAR FIBRILLATION (V-FIB) PULSELESS VENTRICULAR TACHYCARDIA





## Section 9: Pediatric ACLS Protocols

### PEDS ACLS: VENTRICULAR FIBRILLATION (V-FIB) PULSELESS VENTRICULAR TACHYCARDIA-Cont.

#### 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>• Unresponsive</li><li>• Cardiac arrest</li></ul>	<ul style="list-style-type: none"><li>• Respiratory failure</li><li>• Foreign body</li><li>• Secretions</li><li>• Infection (croup, epiglottitis)</li><li>• Hypovolemia (dehydration)</li><li>• Congenital heart disease</li><li>• Trauma</li><li>• Tension pneumothorax</li><li>• Hypothermia</li><li>• Toxin or medication</li><li>• Hypoglycemia</li><li>• Acidosis</li></ul>

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

- **Exam: Mental Status**
- Monophasic and Biphasic waveform defibrillators should use the same energy levels noted.
- In order to be successful in pediatric arrests, a cause must be identified and corrected.
- Airway is the most important intervention. This should be accomplished immediately. Patient survival is often dependent on airway management success.
- If the patient converts to another rhythm, follow the appropriate protocol and treat accordingly.
- If the patient converts back to ventricular fibrillation or pulseless ventricular tachycardia, defibrillate at the previously used setting.
- Defibrillation is the definitive therapy for ventricular fibrillation and pulseless ventricular tachycardia.
- Defibrillate 30 - 60 seconds after each medication administration.
- The proper administration sequence is shock, drug, shock, and drug.