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

E	EMT	E
A	AEMT	A
P	PARAMEDIC	P
M	MED CONTROL	M

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

UNIVERSAL PATIENT CARE PROTOCOL

CPR X 5 cycles / 2 minutes

Apply Cardiac Monitor / AED

Confirm
V-Fib
Pulseless
V-Tach

Defibrillate 2 J/kg

CPR X 5 cycles / 2 minutes

Pediatric Airway Protocol

IV / IO PROCEDURE

EPINEPHRINE (ADRENALINE)
0.1 ml / kg IVP / IO
1:10,000 Solution

Repeat every 3 - 5 minutes
Max dose 1 mg per dose

Double Check EPI Concentration

CPR X 5 cycles / 2 minutes

Defibrillate 4 J/kg

Give Antiarrhythmic during CPR

CPR X 5 cycles / 2 minutes

Defibrillate 4 J/kg

AMIODARONE
(CORDARONE)
5 mg / kg IVP / IO
Max dose 450 mg

OR

MAGNESIUM SULFATE
25 – 50 mg / kg IVP
(Torsades ONLY)
Max dose 2 grams

TRANSPORT to appropriate facility
CONTACT receiving facility
CONSULT Medical Direction where indicated

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PEARLS and KEY POINTS

HISTORY	SIGNS AND SYMPTOMS	DIFFERENTIAL DIAGNOSIS
• Time of arrest • Medical history • Medications • Possibility of foreign body • Hypothermia	• Unresponsive • Cardiac arrest	• Respiratory failure • Foreign body • Secretions • Infection (croup, epiglotitis) • Hypovolemia (dehydration) • Congenital heart disease • Trauma • Tension pneumothorax • Hypothermia • Toxin or medication • Hypoglycemia • Acidosis

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.