

PEDIATRIC CARDIAC ARREST

Cardiac arrest in infants and children is rarely a primary event. It is usually a result of deterioration of respiratory function resulting in decreased cardiac function. Cardiac arrest can be prevented if the symptoms of respiratory failure and/or shock are recognized and quickly treated.

Prior to arrival at a confirmed or suspected cardiac arrest, request ALS backup.

- A. Perform **Initial Treatment / Universal Patient Care Protocol** and follow the proper protocol for medical management based on clinical presentation.
 1. Assess breathing and pulse.
 2. If no pulse, complete five (5) cycles or approximately two (2) minutes of CPR.
- B. If child is >1 year old:
 1. Attach AED and analyze rhythm:
 - a. Use anterior / posterior pad placement if using adult electrodes.
 - b. Use standard placement if using pediatric electrodes.
 2. Administer one (1) shock, if advised.
 3. Check pulse.
 4. If no pulse present:
 - a. Continue CPR.
 - b. Manage airway and oxygenation per **Airway Management Protocol 6901**.
 - c. Re-analyze rhythm after every five (5) cycles of CPR.
 - i. Repeat an additional single shock, if advised.
 - ii. If no shock indicated, continue CPR.
 3. If pulse present:
 - a. Assess vital signs and continuously monitor pulse.
 - b. Leave AED attached to patient.

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- C. If child is <1 year old:
 - 1. If no pulse, perform CPR.
 - 2. Ventilate with 100% oxygen via bag valve mask.
- D. Transport and continue treatment en route:
 - a. Request ALS backup, if not previously requested.

b. Contact **Medical Command**.

