Michigan Pediatric Cardiac Protocols PEDIATRIC ASYSTOLE/PEA

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Pediatric Asystole / Pulseless Electrical Activity

During CPR, consider reversible causes of Asystole/PEA and treat as indicated. Causes and efforts to correct them include but are not limited to:

Hypovolemia – 20 ml/kg NS IV/IO fluid bolus Hypoxia – reassess airway and ventilate with high flow oxygen Tension pneumothorax – see **Pleural Decompression Procedure** Hypothermia – follow **Hypothermia Cardiac Arrest Protocol**, consider rapid transport Hyperkalemia (history of renal failure) – Contact Medical Control, possible Calcium Chloride / Sodium Bicarbonate

Pre-Medical Control

PARAMEDIC

- 1. Follow the Pediatric Cardiac Arrest General Protocol.
- 2. Confirm that patient is in asystole by evaluating more than one lead.
- 3. Administer Epinephrine 1:10,000, 0.01 mg/kg (0.1 ml/kg) IV/IO up to 1 mg (10 ml), repeat every 3-5 minutes.
- 4. Continue CPR for two minutes or 10 cycles and reassess rhythm.

Post-Medical Control

PARAMEDIC

1. In a dialysis patient hyperkalemia is likely. Administer Calcium Chloride 10 %, 20 mg/kg (0.2 ml/kg) IV/IO, maximum single dose 1 g, and Sodium Bicarbonate 1 mEq/kg IV/IO with 20 ml NS flush in between medications.



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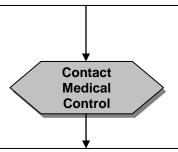
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- Hypoxia reassess airway and ventilate with high flow oxygen
- Tension pneumothorax see Pleural Decompression Procedure
- Hypothermia follow Hypothermia Cardiac Arrest Protocol, consider rapid transport
- Hyperkalemia (history of renal failure) Contact Medical Control, possible Calcium Chloride/Sodium Bicarbonate
 - Follow Pediatric Cardiac Arrest General Protocol
 - Confirm that patient is in asystole by evaluating more than 1 lead
 - Administer Epinephrine 1:10,000, 0.01 mg/kg (0.1 ml/kg) IV/IO up to 1 mg (10 ml), repeat every 3-5 minutes
 - Continue CPR for 2 minutes or 10 cycles and reassess rhythm



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