



**Pediatric Pulseless Arrest**

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Approval: Victoria Pinette – Executive Director

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**Infant CPR**

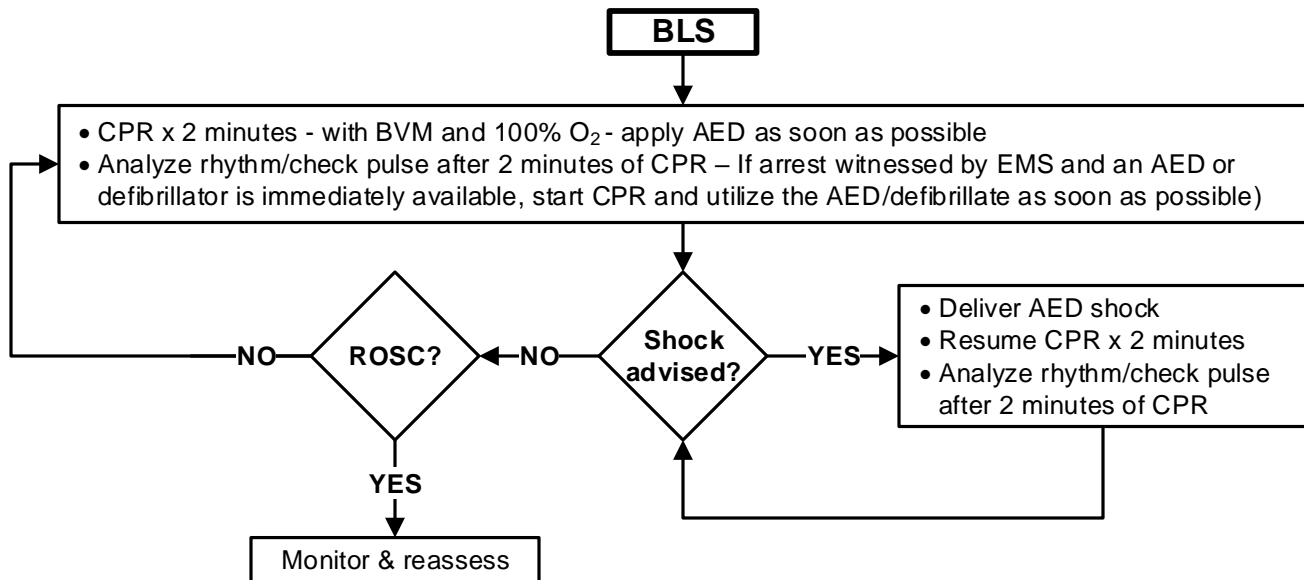
- 2 finger chest compressions – minimize interruptions
- Rate: 100 – 120/minute
- Depth: at least 1/3 diameter of the chest (approx. 1 ½")
- Comp./Vent. Ratio: 30/2 (1 rescuer), 15/2 (2 rescuer)
- Rotate compressors every 2 minutes
- Perform CPR during AED/defibrillator charging
- Resume CPR immediately after shock

**Child CPR**

- 1 or 2 hands – as needed to provide adequate depth
- Rate: 100 – 120/minute
- Depth: at least 1/3 diameter of the chest (approx. 2")
- Comp./Vent. Ratio: 30/2 (1 rescuer), 15/2 (2 rescuer)
- Rotate compressors every 2 minutes
- Perform CPR during AED/defibrillator charging
- Resume CPR immediately after shock

**AED Utilization**

- Use child pads, if available, for infants and children less than 8 years old
- If child pads are not available, use adult pads. Make sure the pads do not touch each other or overlap
- Adult pads deliver a higher shock dose, but a higher shock dose is preferred to no shock



**See page 2 for LALS treatment**



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**Reversible Causes (Contact base/modified base hospital for additional treatment consultation if necessary)**

- Hypovolemia
- Hypoxia
- Hydrogen Ion (Acidosis)
- Hypo-/hyperkalemia
- Hypothermia
- Tamponade, cardiac
- Tension pneumo
- Thrombosis, pulmonary
- Thrombosis, cardiac
- Toxins

**\*Manual Defibrillation Detail (AEMT II ONLY)**

- First shock 2 J/kg, subsequent shocks 4 J/kg

