



**Pediatric Pulseless Arrest**

Approval: Troy M. Falck, MD – Medical Director

Effective: 12/01/2017

Approval: Victoria Pinette – Executive Director

Next Review: 07/2020

**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**

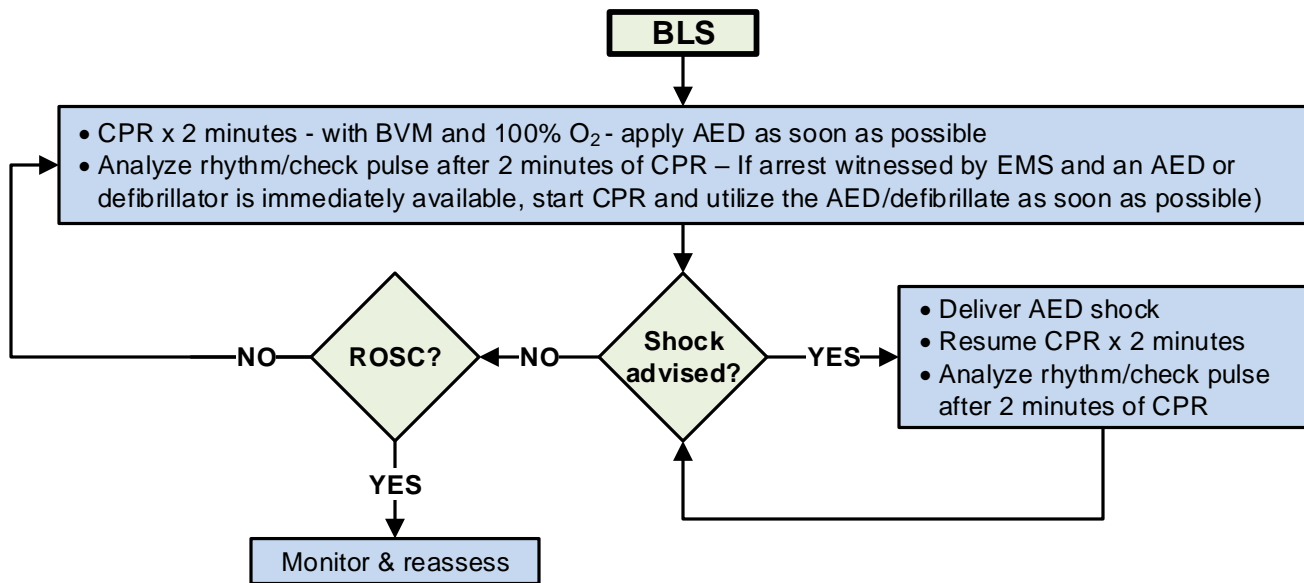
- 1 or 2 hands – as needed to provide adequate depth
- Rate: 100 – 120/minute
- Depth: at least 1/3 diameter of the chest (approx. 2")
- Comp./Vent. Ratio: 30/2 (1 rescuer), 15/2 (2 rescuer)
- Rotate compressors every 2 minutes
- Perform CPR during AED/defibrillator charging
- Resume CPR immediately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

**Waveform Capnography**

- Waveform capnography, if available, shall be used on all patients with an advanced airway in place
- Persistently low PETCO<sub>2</sub> levels < 10 mm HG suggest ROSC is unlikely – ensure chest compressions are adequate or consider termination of resuscitation efforts (base/modified physician order only)
- An abrupt increase in PETCO<sub>2</sub> is indicative of ROSC



**See page 2 for ALS treatment**



### Pediatric Pulseless Arrest

**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**

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

