



Pediatric Pulseless Arrest

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INFANT CPR

CHILD CPR

- Perform chest compressions with minimal interruptions (≤10 secs) using either the heel-of-1-hand technique or 2 thumb-encircling hands technique
- Rate: 100-120/min
- Depth: 1/3 diameter of the chest (approx. 1 ½")
- Compression/ventilation ratio:
 - 1 rescuer: 30:2
 - 2 rescuer: 15:2
- Perform CPR during AED/defibrillator charging & resume CPR immediately after shock

- Perform chest compressions with minimal interruptions (≤10 secs)
 - 1 or 2 hand compressions
- Rate: 100-120/min
- Depth: 1/3 diameter of the chest (approx. 2")
- Compression/ventilation ratio:
 - 1 rescuer: 30:2
 - 2 rescuer: 15:2
- Perform CPR during AED/defibrillator charging & resume CPR immediately after shock

DEFIBRILLATION & OVERALL MANAGEMENT

ADVANCED AIRWAY MANAGEMENT

- Analyze rhythm & check pulse after every 2 min CPR cycle
- AED detail:
 - Use child pads, if available, for infants & children <8 years old
 - If child pads not available, use adult pads, make sure 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
- Manual defibrillation detail:
 - Initial dose: 2 J/kg, subsequent doses: 4 J/kg
- Movement of pt may interrupt CPR or prevent adequate depth and rate of compressions
- Consider resuscitation on scene up to 20 mins

- Consider/establish advanced airway (ALS only) at appropriate time during resuscitation
- Do not interrupt chest compressions to establish an advanced airway
- Waveform capnography shall be used on all pts with an advanced airway in place
 - An abrupt increase in PETCO₂ is indicative of ROSC
 - Persistently low PETCO₂ levels (<10 mmHG) suggest ROSC is unlikely

TREAT REVERSIBLE CAUSES

TERMINATION OF RESUSCITATION

- Hypovolemia
 - Hypoxia
 - Hydrogen Ion (acidosis)
 - Hypo-/hyperkalemia
 - Hypothermia
 - Tamponade, cardiac
 - Tension pneumothorax
 - Thrombosis, pulmonary
 - Thrombosis, cardiac
 - Toxins
- ① Refer to Hypothermia & Avalanche/Snow Immersion Suffocation Resuscitation Protocol (E-2) or Traumatic Pulseless Arrest Protocol (T-6) as appropriate
- ① Contact the base/modified base hospital for consultation & orders as appropriate
- ① Consider early transport of pts who have reversible causes that cannot be adequately treated in the prehospital setting

- Base/Modified Base Hospital Physician Order Only**
- If non-shockable rhythm persists, despite appropriate, aggressive ALS interventions for 30 mins (or if EtCO₂ is <10 mm Hg after 20 mins in a pt with an advanced airway), consider discontinuation of CPR

SEE PAGE 2 FOR TREATMENT ALGORITHM



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