05-0802 – Pediatric Asystole PEA

AUTHORITY: Health and Safety Code Division 2.5, California Code of Regulations, Title 22, Division 9

Routine Medical Care

- Consider and treat Reversible Causes #04-0306
- Initiate High Performance CPR #05-0302

Note: Perform an advanced airway only if BVM ventilation is unsuccessful or impossible
Use a Length Based Tape to determine drug doses

Drug Therapy
Epinephrine IO/IV
Dose:
0.01 mg/kg (0.1 ml/kg of 1:10,000 concentration)
Repeat every 3-5 minutes

BLS
HP CPR #05-0302
Monitor
ALS
IV/IO NS
May bolus 20 ml/kg
Epinephrine 1:10,000
0.01 mg/kg 0.1 ml/kg repeat q 3-5 min's
Intubate PRN (see note)

REVERSIBLE CAUSES #04-0306

Hypovolemia
Hypoxia
Hydrogen Ion (Acidosis)
Hypo/**H**yperkalemia
Hypoglycemia
Hypothermia
Tablets/**T**oxins
Tamponade
Tension Pneumothorax
Thrombosis (MI,CVA)
Thromboembolism (PE)

Shockable Rhythm?

YES → **Go to #05-0804 Pediatric V-Fib V-Tach Arrest**

NO → BLS / ALS

Organized Rhythm and Pulse Present?

YES → **Go to #05-0311** ROSC Or Appropriate Rhythm Policy

NO → **Go to #05-0301** Determination of Death Or Continue HP CPR #05-0302 Transport

Airway

- Intubation should only be performed if BVM ventilation is unsuccessful.
- Waveform capnography shall be utilized with BLS and ALS airways
- Utilize capnometry to confirm ETT placement.
- **DO NOT hyperventilate**

CPR Quality

- Push hard (>1/3 of anterior-posterior chest diameter.
- Push fast (at least 100/min allowing for complete chest recoil
- Minimize interruptions in compressions
- Avoid excessive ventilation
- Rotate compressors every 2 mins
- If no advanced airway, 15:2 compression-ventilation ratio. If advanced airway, 8-10 breaths per minute with continuous chest compressions