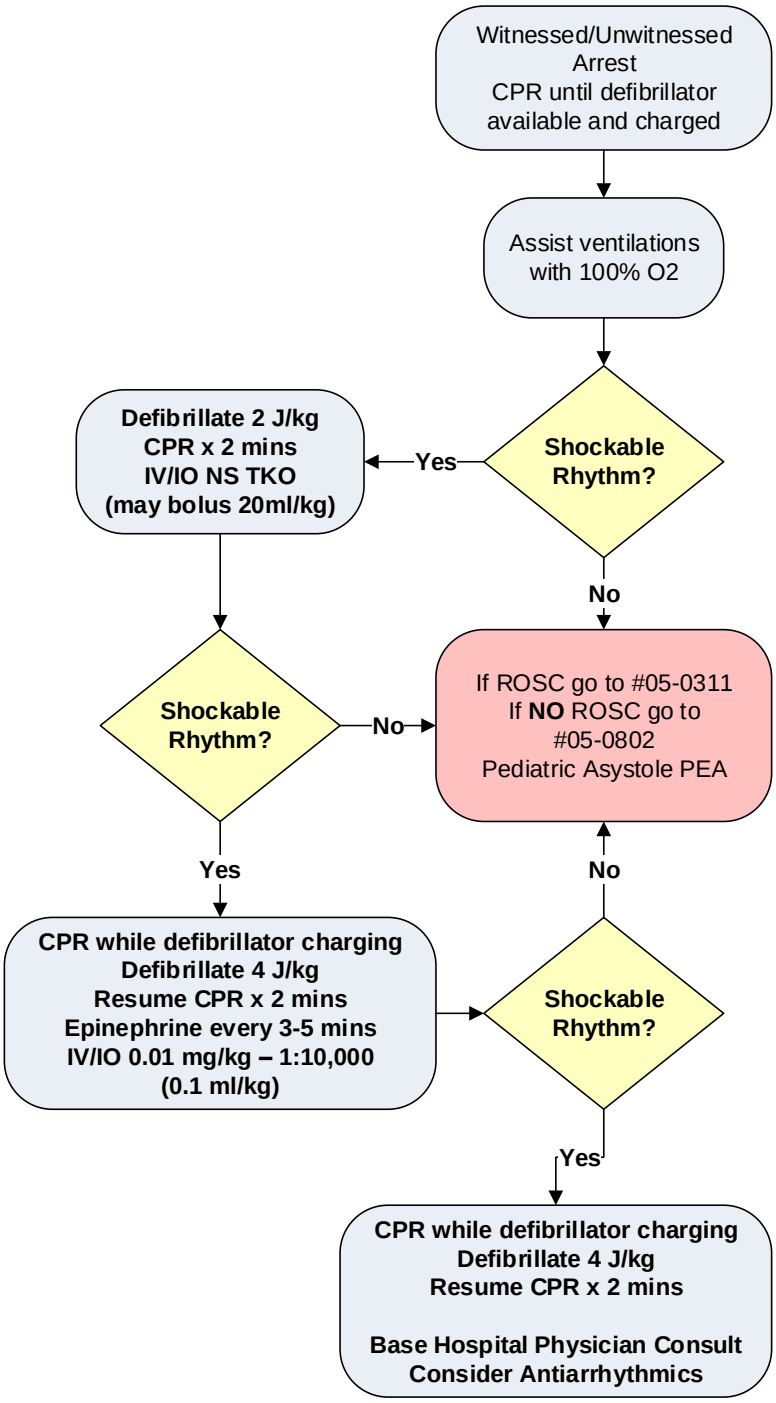
05-0804 – Pediatric Vfib Vtach Arrest

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

Routine Medical Care

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



Doses/Details

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

Drug Therapy
Epinephrine IO/IV Dose:
* 0.01 mg/kg (0.1 ml/kg of 1:10,000 concentration) Repeat every 3-5 minutes
Requires Base Hospital Consult
Lidocaine: 1 mg/kg IV/IO push, then infusion
Amiodarone: 5mg/kg IV/IO push over 10 minutes
Magnesium sulfate: 25-50 mg/kg, IVPB, diluted over 10-20 minutes for suspected torsades or digoxen toxicity.

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

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)