Pediatric Post Resuscitation (117)

Pediatrics *(13 years and under)*
Public Safety First Aid Procedures: Only
• Request Fire/ EMS • Keep patient warm and monitor vital signs
BLS Procedures: EMT's and Paramedics start here
• Ensure return of spontaneous circulation, maintain airway, SpO2, vitals • Perform thorough reassessment/obtain complete history of event from caretaker • Administer oxygen only if SpO2 <94% or in respiratory distress • Search for identifiable causes and correct as possible, enter appropriate protocol • Do not hyperventilate patient • Rapid transport to closest appropriate facility (Advanced Pediatric Receiving Center preferred)
ALS Prior to Base Hospital Contact: Paramedic only
• Monitor heart rate and obtain 12-lead ECG • Consider supraglottic airway if patient remains unresponsive and does not already have an advanced airway in place if unable to ventilate via BVM • Treat seizures aggressively per Seizure Activity Protocol (121) • If suspected cardiogenic shock Epinephrine drip 0.1 - 1 mcg/kg/min not to exceed adult dose repeat as needed. Start at higher end and titrate down to effect.
Base Hospital Contact Required

117 PEDIATRIC POST RESUSCITATION

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Special Considerations

1. The goals of post resuscitation care are to preserve neurologic function, prevent secondary organ injury, treat identifiable causes, and enable the patient to arrive at the destination facility in an optimal physiologic state.

2. Frequent reassessment of the patient is necessary because cardiorespiratory status may deteriorate.

3. AHA data suggests that hyperoxemia enhances the oxidative injury following reperfusion. One goal of the post resuscitation phase is to reduce the risk of oxidative injury while maintaining adequate oxygen delivery. Apply oxygen only if SpO2 < 94% or in respiratory distress.

4. Epinephrine:

    - low-dose infusions (<0.3 mcg/kg/min) generally produce tachycardia, potent inotropy, and decreased systemic vascular resistance.
    - Higher dose infusions (>0.3 mcg/kg/min) cause vasoconstriction.
    - Titrate drug to desired effect.
    - May be preferable to dopamine in patients (especially infants) with marked circulatory instability and decompensated shock.

5. Do not routinely provide excessive ventilation or hyperventilation. Hyperventilation may impair neurologic outcome by adversely affecting cardiac output and cerebral perfusion.

6. Signs of impending Intracranial herniation:

    - Dilated pupil(s) not responsive to light
    - Bradycardia
    - Hypertension

7. Consider transport to facility capable of therapeutic hypothermia for children who remain comatose after resuscitation from cardiac arrest.