


Section: Pediatric Medical  
Subject: CARDIAC ARREST – PULSELESS ELECTRICAL ACTIVITY  
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1. General Cardiac Arrest Algorithm
2. Specific ALS Treatment
  - a. **Epinephrine** 0.01 mg/kg of a 1:10,000 solution (0.1 mL/kg) q 3-5 min IV/IO
  - b. If hypovolemia is a consideration, infuse **normal saline** of 20 mL/kg IV.
3. If there is a return of spontaneous circulation (ROSC), then proceed to the **HCFR ROSC** protocol
4. QA Points:
  - a. Consider possible causes that we can address:
    - i. Hypoxia
    - ii. Hypovolemia
    - iii. Hypoglycemia
    - iv. Drug Overdose
    - v. Hypothermia
    - vi. Tension Pneumothorax
  - b. Available evidence suggests that the routine use of atropine during PEA or asystole is unlikely to have a therapeutic benefit.
  - c. Pauses in compressions must be as short as possible.
  - d. Given that maintaining continuous compressions is of paramount importance, the initial capture of the airway will be with a supra-glottic airway device.
    - i. If there is return of spontaneous circulation (ROSC), the airway may be converted to an ETT by an approved method at the discretion of the paramedic in charge.