Pediatric Treatment Guidelines

Pediatric Asystole / PEA

History

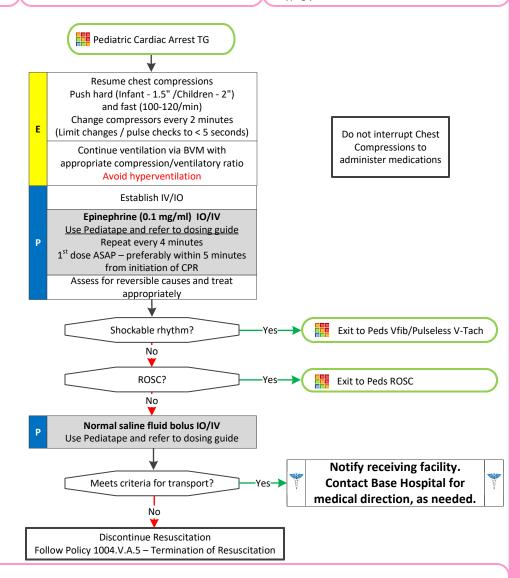
- Events leading to arrest
- · Estimated downtime
- · Past medical history
- Medications
- · Existence of terminal illness
- · Airway obstruction
- Hypothermia
- Suspected abuse (shaken baby syndrome, pattern of injuries)
- SIDS

Signs and Symptoms

- Apneic
- Pulseless

Differential

- · Respiratory failure
- Foreign body
- Hypothermia
- Infection
- · Congenital heart disease
- Trauma
- Tension pneumothorax
- · Toxin or medication
- Acidosis
- · Hyperkalemia
- Hypoglycemia



Reversible Causes

Hypovolemia Hypoxia Hydrogen ion (acidosis) Hypothermia Hypo / Hyperkalemia Hypoglycemia Tension pneumothorax Tamponade (cardiac) Toxins Thrombosis (pulmonary)(PE)

Thrombosis (coronary)(MI)

Pearls

- Patients with a rapid pulseless rate are most likely hypovolemic. Fluid will likely reverse this condition.
- In order to be successful in pediatric arrests, a cause must be identified and corrected.
- Respiratory arrest is a common case of cardiac arrest. Unlike adults, early airway intervention is critical.
- In most cases, pediatric airways can be maintained with basic interventions.



