

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

AT ANY TIME

Return of spontaneous circulation



Go to Post Resuscitation TG

Reversible Causes

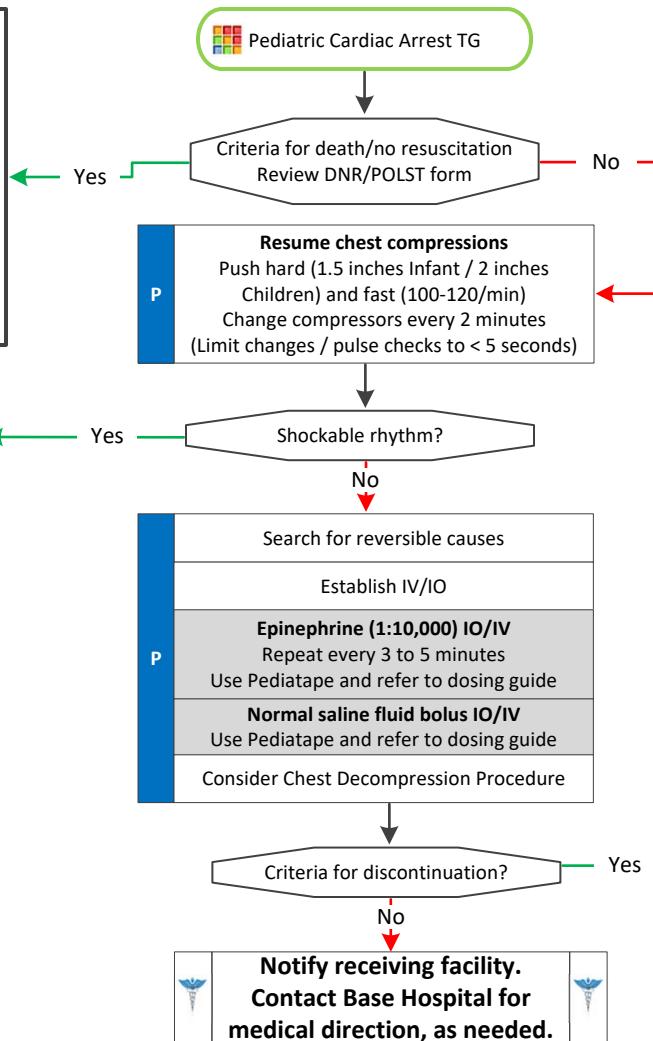
- Hypovolemia
- Hypoxia
- Hydrogen ion (acidosis)
- Hypothermia
- Hypo / Hyperkalemia
- Hypoglycemia
- Tension pneumothorax
- Tamponade (cardiac)
- Toxins
- Thrombosis (pulmonary)(PE)
- Thrombosis (coronary)(MI)

Decomposition
Rigor mortis
Dependent lividity

Injury incompatible with life
or unwitnessed traumatic
arrest with asystole

Do not begin resuscitation

Follow Policy 1004 –
Determination of Death

**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.



Treatment Guideline PC02