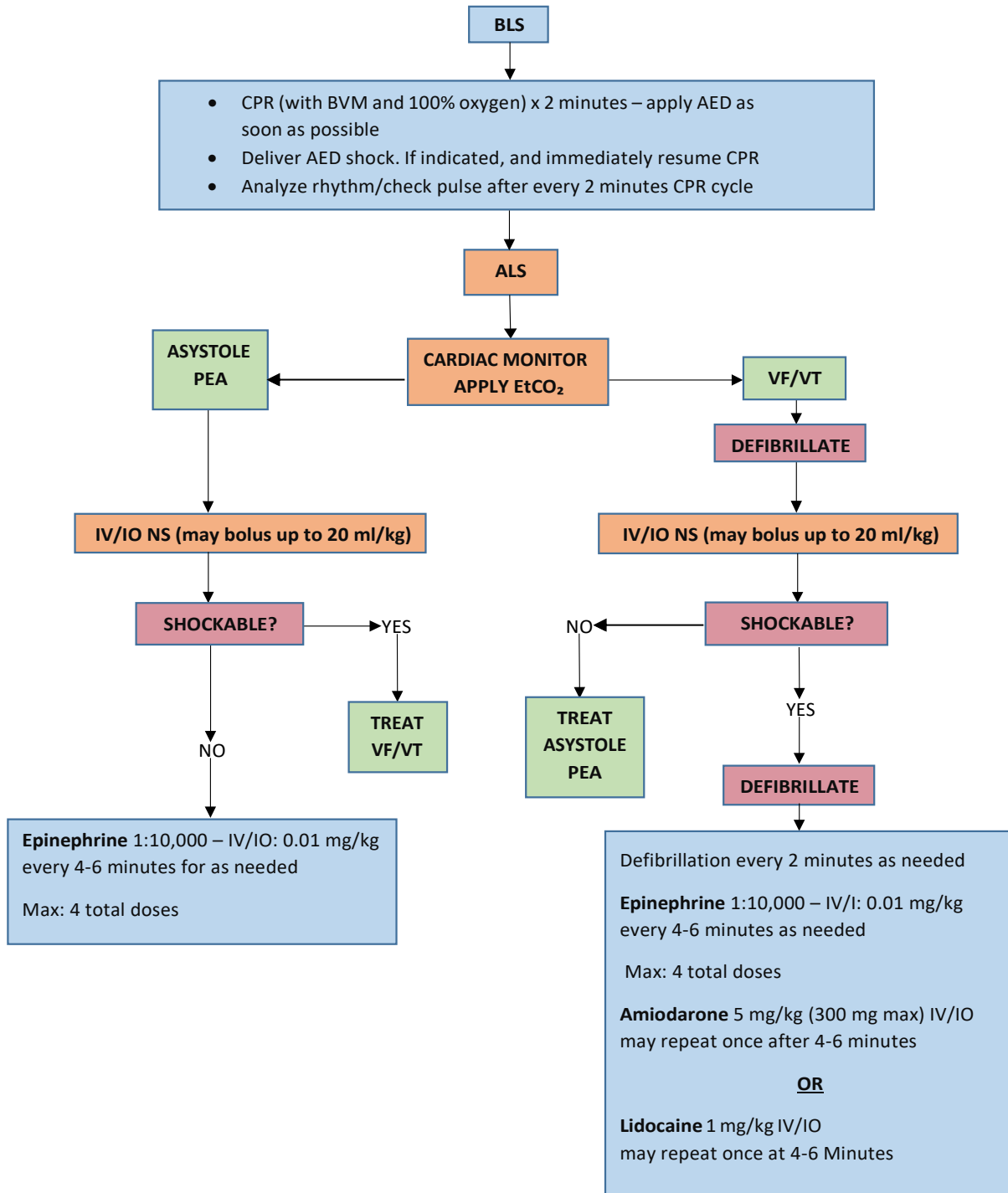


Effective Date: July 15, 2022

Last Review: New Policy

Next Review: July 2024

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



POLICY PEDIATRIC C1 CARDIAC ARREST

Effective Date: July 15, 2022

Last Review: New Policy

Next Review: July 2024

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

INFANT CPR - MANUAL CHEST COMPRESSIONS	CHILD CPR - MANUAL CHEST COMPRESSIONS
<ul style="list-style-type: none"> 1 rescuer - 2 finger compression 30:2 compression/ventilation ratio 2 rescuers – two (2) thumbs with hands encircling chest 15:2 compression/ventilation ratio Rate - 100-120/minute Depth - 1/3 diameter of chest (approx. 1.5") Rotate compressor every 2 minutes Limit pause in CPR to < 10 seconds Perform CPR during AED/defibrillator charging Resume CPR immediately after shock 	<ul style="list-style-type: none"> 1 or 2 hand compressions 1 rescuer - 30:2 compression/ventilation ratio 2 rescuers - 15:2 compression/ventilation ratio Rate - 100-120/minute Depth - 1/3 diameter of chest (approx. 2") Rotate compressor every 2 minutes Limit pause in CPR to < 10 seconds Perform CPR during AED/defibrillator charging Resume CPR immediately after shock
DEBRILLATION AND GENERAL PATIENT MANAGEMENT	AIRWAY MANAGEMENT
<ul style="list-style-type: none"> Analyze rhythm and check pulse every 2 minutes pre-charge monitor 20 seconds before check AED – use peds pads on patients < 8 years If peds pads are not available use adult pads, make sure the pads do not touch each other Manual defibrillation - 2 joules/kg, then 4 joules/kg as needed Perform a minimum of 10 minutes of CPR before considering transport, if able perform resuscitation on scene 	<ul style="list-style-type: none"> If using BLS airway, maintain good mask seal for accurate EtCO₂ reading – two (2) hand mask seal if adequate personnel on scene Do not interrupt CPR to establish an advanced airway All advanced airways need waveform EtCO₂ applied if available, if not use color metric EtCO₂
CONSIDER REVERSIBLE CAUSES	TERMINATION OF RESUSCITATION
<ul style="list-style-type: none"> Hypovolemia Hypoxia Hydrogen Ion (acidosis) Hypo/hyperkalemia Hypothermia Tamponade, cardiac Tension pneumothorax Thrombosis, pulmonary Thrombosis, cardiac Toxins <p>Contact Base Hospital if any questions</p>	<ul style="list-style-type: none"> If no reversible causes are identified and ALS interventions have been performed for 30 minutes Contact Base Hospital for Termination of resuscitation