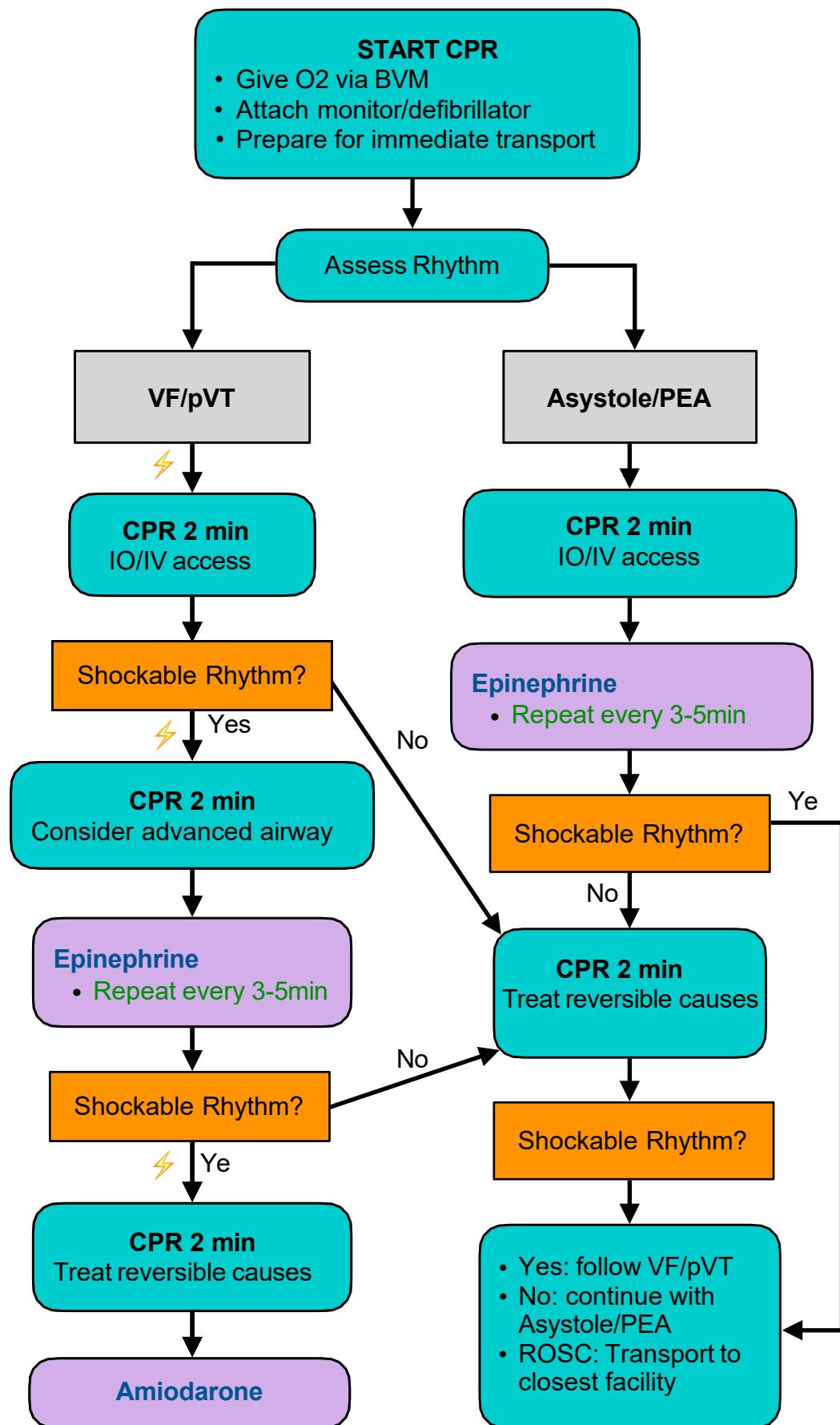


PEDIATRIC CARDIAC ARREST



CPR Ratios

- One rescuer: 30:2
- Two rescuer: 15:2

Defibrillation

- 2-4J/kg

Airway Management

- BLS airway is preferred
- Avoid excessive ventilation
- Place younger child in sniffing position for neutral airway positioning
- Consider i-gel if unable to maintain a BLS airway
- Consider ETT only if patient height > color coded resuscitation tape **and** unable to ventilate with BVM
- Laryngoscopy for ETT must occur with CPR in progress
- Do not interrupt CPR for >10 seconds for tube placement**
- Use ETCO₂
- Maintain SpO₂ 94-99%
- 1 breath every 2-3 sec

Drug Therapy

- Epinephrine** 0.01mg/kg (0.1mg/ml) IV/IO
 - Repeat every 3-5 min
- Amiodarone** 5mg/kg IV/IO followed by or diluted in 20ml NS after 3rd shock
 - Max dose:** 300mg

Reversible Causes

- Hypovolemia
- Hypoxia
- Hydrogen Ion (Acidosis)
- Hypo/Hyperkalemia
- Hypothermia
- Tension Pneumothorax
- Tamponade (cardiac)
- Toxins
- Thrombus
- Trauma