

SO-P-40 Page: 1 of 2 Date:

2/87

03/05/2021 Revised:

ALS STANDING ORDERS: Make base hospital contact (CCERC pediatric base preferred) as soon as possible

Ventricular fibrillation (VF) OR Pulseless Ventricular tachycardia (VT)

- 1. Initiate or continue CPR and when defibrillator available:
 - ▶ Defibrillate once at 2 J/kg biphasic setting (or pre-programmed/manufacturer's recommended defibrillator setting)



- 2. If at any time develops rhythm with pulse:
 - Ventilate and oxygenate
 - Assess for and correct hypoxia or hypovolemia
 - ALS escort to ERC as directed by Base Hospital (CCERC pediatric base preferred)



- 3. If remains pulseless:
 - → Maintain CPR approximately 2 minutes
 - ► High-flow oxygen by BVM
 - → IV/IO vascular access without interruption of CPR



- 4. Continually monitor cardiac rhythm:
 - → If persistent VF/pulseless VT
 - ▶ Defibrillate once at 4 J/kg biphasic setting (or pre-programmed/manufacturer's recommended defibrillator setting)
 - → If PEA or asystole: refer to PEA/Asystole section.



- 5. For continued VF/ pulseless VT or if reverts back to VF/pulseless VT:
 - → Maintain CPR
 - ► Administer Epinephrine 0.01 mg/Kg IV/IO (0.1 mg/ml preparation), repeat approximately every 3 minutes for continued VF/pulseless VT



- 6. For continued VF/pulseless VT:
- → Maintain CPR
 - ▶ Defibrillate once at 4 J/kg biphasic setting (or pre-programmed/manufacturer's recommended defibrillator setting)



- 7. For continued VF/ pulseless VT:
 - → Maintain CPR
 - ▶ Administer Amiodarone 5 mg/kg IV/IO, may repeat 5 mg/kg IV/IO in 5 and 10 minutes. Maximum dose 450 mg; or
 - ▶ Lidocaine 1 mg/kg IV/IO loading dose. Maximum dose 100 mg.



- 8. After approximately 2 minutes of CPR, if there is continued VF/pulseless VT:
 - ▶ Defibrillate once at 4 J/kg biphasic setting (or pre-programmed/manufacturer's recommended defibrillator setting)



- 9. For continued VF/ pulseless VT:
 - → Maintain CPR and request Base Hospital (CCERC base preferred) provide:
 - Further resuscitation orders and destination decision.

Approved:

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CARDIOPULMONARY ARREST - PEDIATRIC

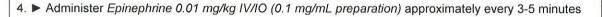
Pulseless Electrical Activity (PEA) OR **Asystole**

1. Initiate or maintain CPR without interruption unless pulse obtained by any step below ► High-flow oxygen by BVM

2. Continually monitor cardiac rhythm:

→ Maintain CPR for 2 minutes.

3. IV/IO vascular access



5. For persistent PEA/Asystole, continue CPR for 2 minutes → Consider capnography

6. Correct possible reversible causes:

hypoxia

hypovolemia

hypo/hyperkalemia

hypothermia

hydrogen ion (acidosis) tension pneumothorax toxins

tamponade, cardiac thrombosis, pulmonary thrombosis, coronary

hypoglycemia

If diabetic and hypoglycemia suspected, administer: ▶ Dextrose 10% 5 mL/kg IV/IO (maximum dose 250 mL)

7. If VF/ pulseless VT develops:

▶ Defibrillate once at 4 J/kg biphasic setting (or pre-programmed/manufacturer's recommended defibrillator setting) and follow VF/pulseless VT algorithm



8. If at any time develops rhythm with pulse:

► Continue with ventilation and oxygenation

▶ ALS escort to ERC as directed by Base Hospital (CCERC pediatric base preferred)



9. For continued PEA/asystole:

→ Maintain CPR and request Base Hospital (CCERC base preferred) provide:

Further resuscitation orders and destination decision

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