



A DIVISION OF
HEALTH CARE SERVICES
AGENCY

San Joaquin County

Emergency Medical Services Agency



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EMS Policy Memorandum No. 2018-04

Revised

DATE: October 23, 2018

TO: All EMS System Personnel

FROM: Katherine Shafer, M.D., Medical Director

SUBJ.: Pediatric Cardiac Arrest Management

Effective immediately ALS personnel shall treat and manage pediatric patients in cardiac arrest in accordance with the updates listed below to:

EMS Policy No.5810, Pediatric Pulseless Arrest Asystole/PEA, and EMS Policy No.5811, Pediatric Pulseless Arrest Ventricular Fibrillation/Ventricular Tachycardia

1. Treat on scene for fifteen (15) minutes.

Immediate transport will be reserved only for traumatic arrest or patients with obstructed airways. All other pediatric cardiac arrest patients will be treated on-scene for no less than fifteen (15) minutes. The treatment priority while on-scene is high quality CPR.

2. No IV attempts prior to IO use.

Intravenous cannulation shall be withheld and vascular access should be made with approved intraosseous device. This is due to speed and efficacy of intraosseous vs. intravenous cannulation and the need for early epinephrine in pediatric cardiac arrest patients.

3. Early Epinephrine.

0.01mg/kg 1:10,000 Epinephrine shall be given as soon as intraosseous access is obtained, and repeated every six (6) minutes, while in cardiac arrest.

4. Patient Destination.

All pediatric cardiac arrest patients not showing obvious signs of death listed in EMS Policy No. 5103 Determination of Death in the Field, must be transported to the nearest receiving facility.

Please direct any questions you may have regarding this memorandum to Matthew R. Esposito, Prehospital Care Coordinator; email: at mesposito@sjgov.org.