Pediatric Pulseless Arrest: Asystole/PEA

AUTHORITY: Division 2.5, Health and Safety Code, Sections 1797.220 & 1798 et seq.

POLICY:

I. Perform routine ALS/BLS medical care while confirming pulselessness and appropriate (non shockable) rhythm on the cardiac monitor.

II. Treatment:

   A. Perform immediate, effective CPR.
   B. Continue CPR, maintain patent airway with 100% oxygen via BVM.
   C. Provide appropriate airway management with simplest most effective airway adjunct.
   D. Establish IV/IO of normal saline TKO. Do not delay transport. If unable to obtain vascular access, begin transport and continue efforts while en route.
   E. Consider reversible causes and treat as indicated.
   F. Administer Epinephrine 0.01 mg/kg (1:10,000) IVP/IO, max of 1 mg. Repeat every 3-5 minutes.
   G. Continue CPR for 5 cycles/2 minutes and recheck pulse/rhythm.
   H. Initiate transport to receiving hospital if not already en route. Note: In cases where transport is not available or practical an order to terminate resuscitation efforts may be given by the Base Hospital Physician for patients in Asystole or PEA < 30 that are unresponsive to treatment (See EMS Policy No. 5103, Determination of Death).

Note: CPR should be administered for complete sequences of 5 cycles/2 minutes. During 5 cycles/2 minutes, establish IV/IO and administer medications during CPR to minimize interruptions in chest compressions.