

Pediatric: Asystole or PEA

EMR

- CAB, CPR, and AED per AHA Guidelines
- Secure airway as per AHA Guidelines Airway management with high concentration **oxygen** via BVM and oropharyngeal airway
- AED

EMR STOP

EMT

- Cardiac Monitor

EMT STOP

EMT IV

- Vascular access, IV/IO

EMT IV STOP

EMT SG

- Consider supraglottic airway.

EMT SG STOP

ADVANCED EMT

- ***Epinephrine** 1:10,000 dose 0.01 mg/kg (0.1 ml/kg) IV or IO every 3 – 5 minutes

ADVANCED EMT STOP

Key Points/Considerations

- Call Medical Control and begin transport to the closest hospital as soon as possible
- Perform CPR for 5 cycles between medication dose

During CPR

- **Push hard and fast (100/min)**
- **Ensure full chest recoil**
- **Minimize interruptions in chest compressions, no pauses greater than 10 seconds**
- **Rotate compressors every 2 minutes**
- One cycle of CPR: 30 compressions then 2 breaths; 5 cycles = 2 min.
- Avoid hyperventilation
- Secure airway and confirm placement
- After an advanced airway is placed, rescuers no longer deliver “cycles” of CPR. Give continuous chest compressions without pauses for breaths. Give 8-10 breaths/minute. Check rhythm every two minutes
- Rotate compressions every two minutes with rhythm checks
- Search for and treat possible contributing factors:
 - Hypovolemia
 - Hypoxia
 - Hydrogen Ion (acidosis)
 - Hypo-hyperkalemia
 - Toxins
 - Tamponade, cardiac
 - Tension pneumothorax
 - Thrombosis (coronary or pulmonary)
 - Trauma