Pediatric Pulseless Arrest

### History
- Time of arrest
- Medical history
- Medications
- Possibility of foreign body
- Hypothermia

### Signs and Symptoms
- Unresponsive
- Cardiac arrest

### Differential
- Respiratory failure
  - Foreign body, Secretions, Infection (croup, epiglottitis)
- Hypovolemia (dehydration)
- Congenital heart disease
- Trauma
- Tension pneumothorax, cardiac tamponade, pulmonary embolism
- Hypothermia
- Toxin or medication
- Electrolyte abnormalities (Glucose, K)
- Acidosis

### Universal Patient Care Protocol

1. **CPR**
2. **Cardiac Monitor**

### Ventricular Fibrillation / Tachycardia
- **AT ANY TIME**
  - **Return of Spontaneous Circulation**
  - **Go to Post Resuscitation Protocol**

### Asystole / PEA
- **Epinephrine** every 3-5 minutes

### Pearls
- **Recommended Exam: Mental Status**
- Monophasic and Biphasic waveform defibrillators should use the same energy levels noted above.
- In order to be successful in pediatric arrests, a cause must be identified and corrected.
- Airway is the most important intervention. This should be accomplished immediately. Patient survival is often dependent on airway management success.

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**Legend**

- **MR**
- **EMT**
- **B**
- **I**
- **P**
- **M**

**Protocol 45**

Any local EMS System changes to this document must follow the NC OEMS Protocol Change Policy and be approved by OEMS 2009