



Pediatric Pulseless Arrest



History

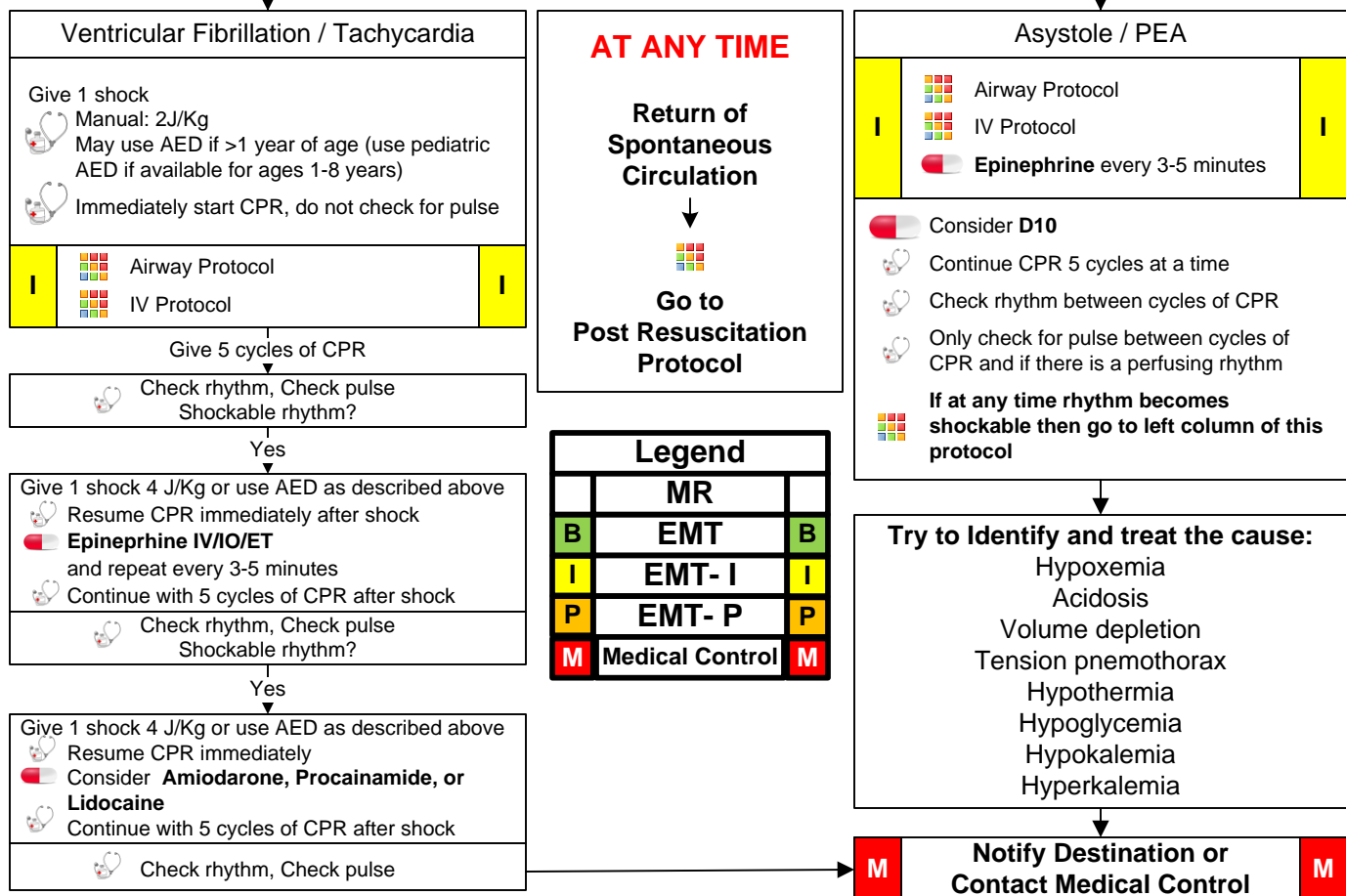
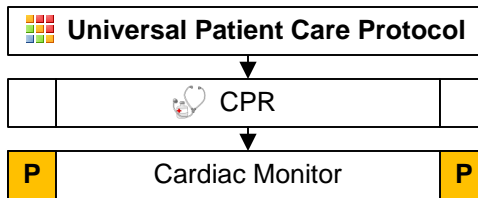
- Time of arrest
- Medical history
- Medications
- Possibility of foreign body
- Hypothermia

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**



Legend		
	MR	
B	EMT	B
I	EMT- I	I
P	EMT- P	P
M	Medical Control	M

Pediatric and OB Protocols

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.