

Protocol PC-01a

SECTION: PC-01a

PROTOCOL TITLE:
PEDIATRIC CARDIAC/RESPIRATORY ARREST- **BLS** and **AEMT** Algorithm
REVISED: December 01, 2022

Box #1:

If adequate CPR is being performed upon arrival:

- a) Confirm cardiopulmonary arrest and resume CPR.
- b) Apply defibrillation pads (pediatric pads as per manufacturer's recommendation) and cardiac monitor without cessation of CPR.
- c) Apply length based resuscitation tape.
- d) Move on to, "Box 4."

Box #2:

Sudden, witnessed arrest in the presence of EMS:

- a) Perform CPR only long enough to apply defibrillation pads (pediatric pads as per manufacturer's recommendation) and cardiac monitor.
- b) Apply length based resuscitation tape.
- c) Move on to, "Box 4."

Box #3:

If inadequate CPR or no CPR at all, is being performed upon arrival:

- a) Confirm cardiopulmonary arrest
- b) Initiate CPR
- c) 10 cycles 15 compressions to 2 ventilations with two rescuers (approximately 1-2 minutes)
 - 1) 30:2 for single rescuer CPR.
- d) During CPR
 - 1) Apply defibrillation pads (pediatric pads as per manufacturer's recommendation) and AED
 - 2) Apply length based resuscitation tape.
 - 3) Prepared IV/IO equipment (**AEMT**)
- e) Infant (< 1 year) continue CPR until ALS responders arrive.
 - 1) Recheck rhythm every 5 cycles
- f) Child (> 1 year)
 - 1) Move to "Box #4"

Box #4:

Child (> 1 year)
Shockable Rhythm ?

Shockable Rhythm:

- a) Give 1 shock with AED
 - 1) Continue CPR while AED charges.
- b) Immediately resume CPR for 5 cycles 15:2.
- c) Obtain IV/IO access without cessation of CPR. (**AEMT**)
- d) Check rhythm every 5 cycles, continue until ALS arrives.

Not shockable Rhythm:

- a) Immediately resume CPR for 5 cycles 15:2.
- b) Obtain IV/IO access without cessation of CPR. (**AEMT**)
- c) Check rhythm every 5 cycles, continue until ALS arrives. 2 cycles 15:2

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PHYSICIAN PEARLS:

For a **suspected DROWNING/SUBMERSION**, providers may begin with five high quality ventilations, then proceed standard resuscitation practices. .

- Ignore any “foam”, sputum, or copious oral secretions (other than obvious vomit) in the mouth during initial ventilations. Suction only after initial 5 ventilations but do not interrupt high quality resuscitation to do so.

Outside of the POST/DNR situations (Appendix 26), once ALS intervention is initiated, medical control should be called prior to ceasing efforts. In addition, BLS interventions, an advanced airway, and at least 20 minutes of rhythm appropriate therapy should have been performed prior to considering termination of efforts.