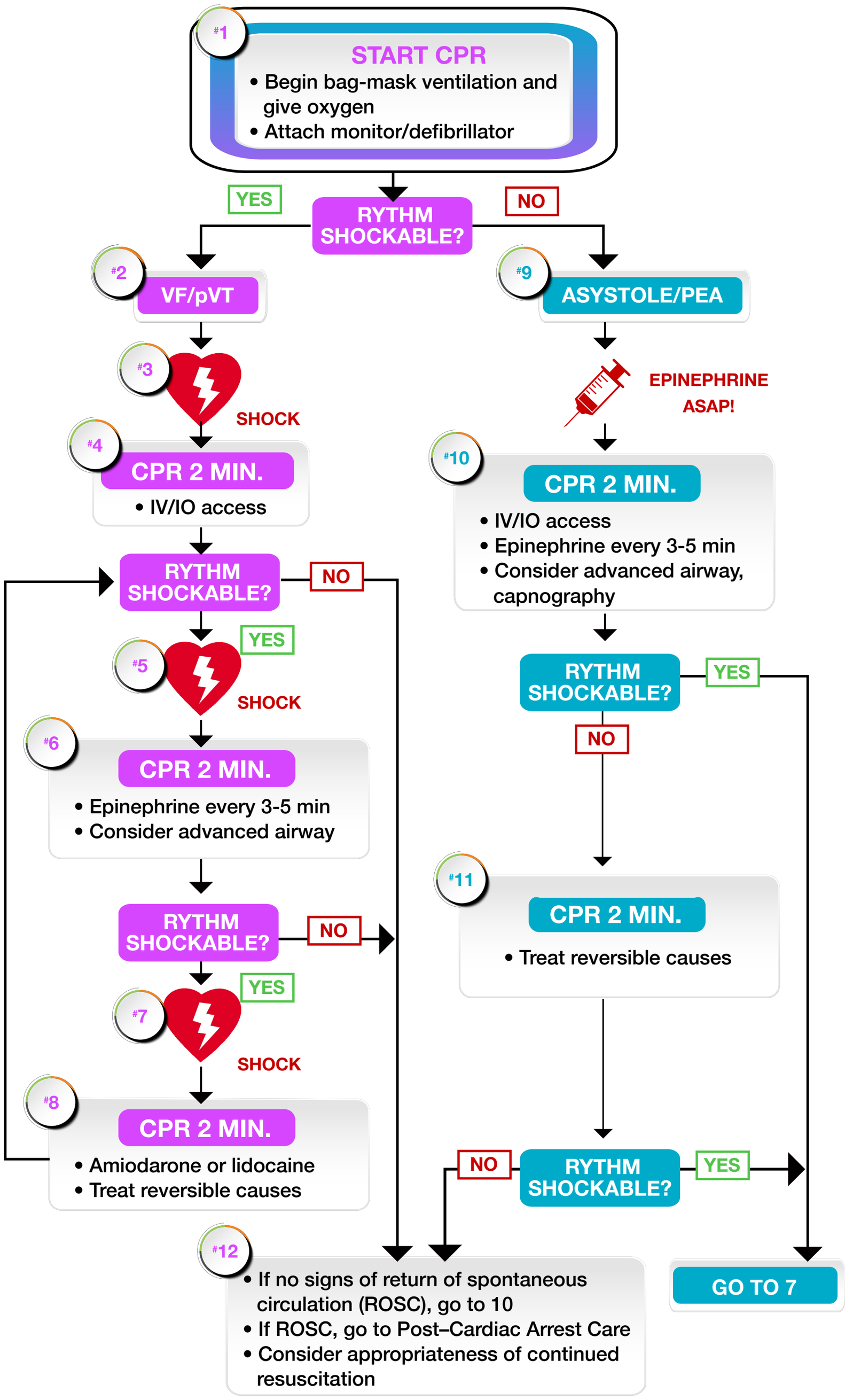
Pediatric Cardiac Arrest Algorithm

Assessment and Treatment



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CPR

CPR Quality:
- Push hard (≥⅓ of anteroposterior diameter of chest) and fast (100-120/min) and allow complete chest recoil.
- Minimize interruptions in compressions.
- Change compressor every 2 minutes, or sooner if fatigued.
- If no advanced airway, 15:2 compression-ventilation ratio.
- If advanced airway, provide continuous compressions and give a breath every 2-3 seconds.

Shock Energy for Defibrillation:
- First shock 2 J/kg
- Second shock 4 J/kg
- Subsequent shocks ≥4 J/kg, maximum 10 J/kg or adult dose

Drug Therapy:
- **Epinephrine IV/IO dose:** 0.01 mg/kg (0.1 mL/kg of the 0.1 mg/mL concentration). Max dose 1 mg. Repeat every 3-5 minutes. If no IV/IO access, may give endotracheal dose: 0.1 mg/kg (0.1 mL/kg of the 1 mg/mL concentration).

- **Amiodarone IV/IO dose:** 5 mg/kg bolus during cardiac arrest. May repeat up to 3 total doses for refractory VF/pulseless VT
  or
- **Lidocaine IV/IO dose:** Initial: 1 mg/kg loading dose

Advanced Airway:
- Endotracheal intubation or supraglottic advanced airway
- Waveform capnography or cap-nometry to confirm and monitor ET tube placement

Reversible Causes:
- Hypovolemia
- Hypoxia
- Hydrogen ion (acidosis)
- Hypo-/hyperkalemia
- Hypothermia
- Tension pneumothorax
- Tamponade, cardiac
- Toxins
- Thrombosis, pulmonary
- Thrombosis, coronary