

# FORSYTH COUNTY EMS Pediatric and OB Protocols

## 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 Obstruction
  - Secretions
  - Infection (croup, epiglottitis)
- \* Hypovolemia (dehydration)
- \* Congenital heart disease
- \* Trauma
- \* Tension pneumothorax
- \* Hypothermia
- \* Toxin or medication
- \* Hypoglycemia
- \* Acidosis

Universal Patient Care Protocol

CPR

Pediatric Airway Protocol

Cardiac Monitor

Ventricular  
fibrillation / tachycardia

Defibrillate once, 2 j / kg  
Give 5 cycles of CPR  
Check Rhythm

Shockable Rhythm?

No

Yes

Defibrillate once, 4 j / kg  
Resume CPR

IV Protocol

Epinephrine

Consider Lidocaine  
or Amiodarone

Complete 5 cycles of CPR

Contact Medical Control

Asystole / PEA?

Yes

No

If pulse present,  
begin  
postresuscitation  
care

<sup>1st</sup> round & every 3-5 min  
Only if refractory to Epinephrine

Asystole / PEA

IV Protocol

Epinephrine

Contact Medical Control

Identify cause:  
Hypoxemia  
Acidosis  
Volume depletion  
Tension pneumothorax  
Hypothermia  
Hypoglycemia

D12.5, Naloxone

### Legend

MR / EMT

Expanded Scope EMT

EMT-I

EMT-P

Medical Control

### Pearls:

- \* 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 dependant on airway management success.

Approved by: \_\_\_\_\_

R.L.Alson, M.D.  
June, 2006