History
- Events leading to arrest
- Estimated downtime
- Past medical history
- Medications
- Existence of terminal illness
- Airway obstruction
- Hypothermia
- Suspected abuse (shaken baby syndrome, pattern of injuries)
- SIDS

Signs and Symptoms
- Apneic
- Pulseless

Differential
- Respiratory failure
- Foreign body
- Hypothermia
- Infection
- Congenital heart disease
- Trauma
- Tension pneumothorax
- Toxin or medication
- Acidosis
- Hyperkalemia
- Hypoglycemia

•  Events leading to arrest
•  Estimated downtime
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•  SIDS

Search for reversible causes
Establish IV/IO
Epinephrine (1:10,000) IO/IV
Repeat every 3 to 5 minutes
Use Pediatape and refer to dosing guide
Normal saline fluid bolus IO/IV
Use Pediatape and refer to dosing guide
Consider Chest Decompression Procedure

Criteria for death/no resuscitation
Review DNR/POLST form
Resume chest compressions
Push hard (1.5 inches Infant / 2 inches Children) and fast (100-120/min)
Change compressors every 2 minutes
(Limit changes / pulse checks to < 5 seconds)

AT ANY TIME
Return of spontaneous circulation
Go to Post Resuscitation TG

Reversible Causes
Hypovolemia
Hypoxia
Hydrogen ion (acidosis)
Hypothermia
Hypo / Hyperkalemia
Hypoglycemia
Tension pneumothorax
Tamponade (cardiac)
Toxins
Thrombosis (pulmonary)(PE)
Thrombosis (coronary)(MI)

Discontinue resuscitation
Follow Policy 1004 – Determination of Death

Decomposition
Rigor mortis
Dependent lividity
Injury incompatible with life or unwitnessed traumatic arrest with asystole
Do not begin resuscitation
Follow Policy 1004 – Determination of Death

Pearls
- Patients with a rapid pulseless rate are most likely hypovolemic. Fluid will likely reverse this condition.
- In order to be successful in pediatric arrests, a cause must be identified and corrected.
- Respiratory arrest is a common case of cardiac arrest. Unlike adults, early airway intervention is critical.
- In most cases, pediatric airways can be maintained with basic interventions.

Notify receiving facility.
Contact Base Hospital for medical direction, as needed.