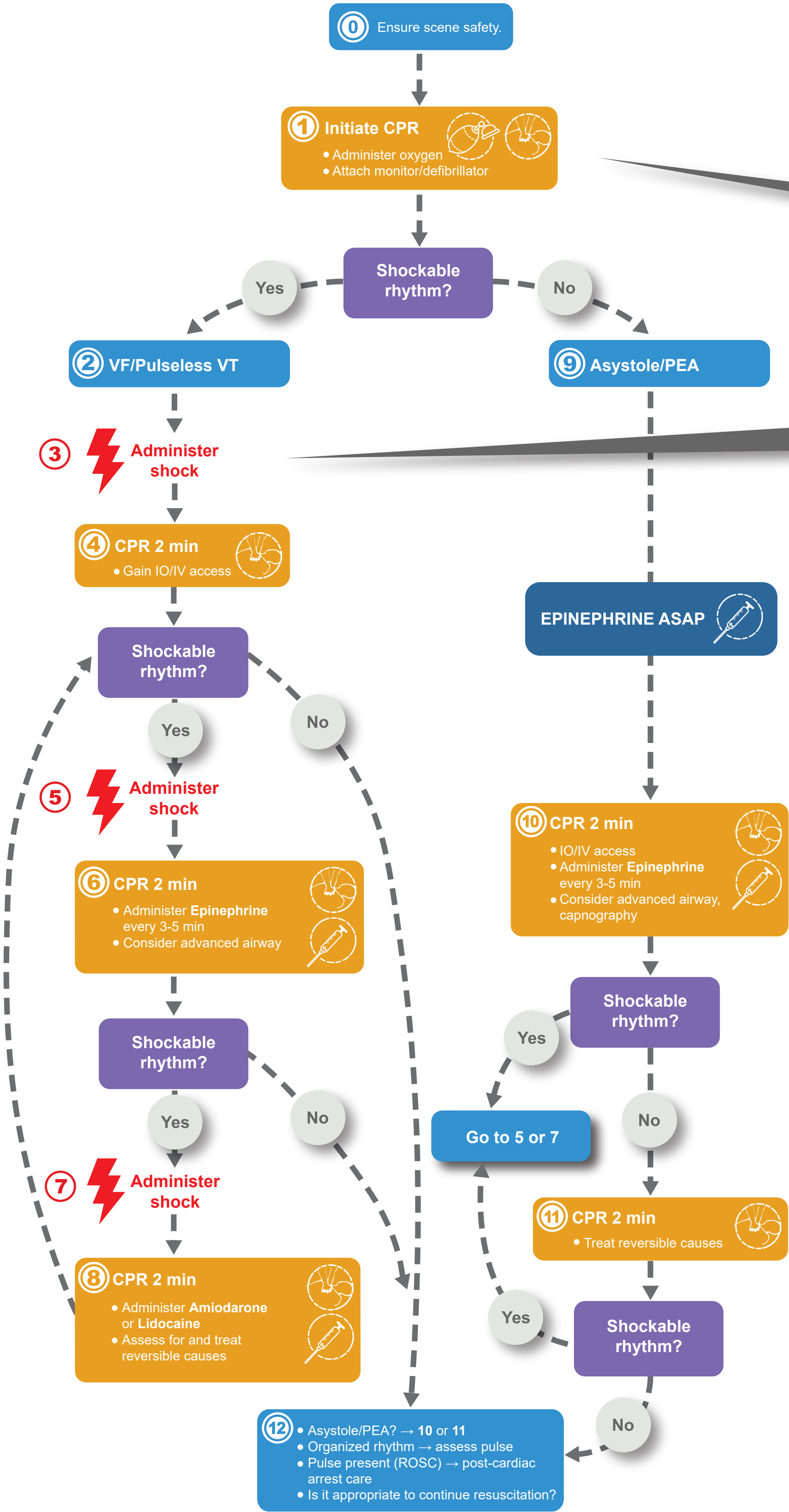


Pediatric Cardiac Arrest Algorithm
VF/pVT/Asystole/PEA



Further Your Knowledge! All links connect to videos, articles, quizzes or other materials to enhance your learning experience.



CPR

- Push hard to compress chest ($\geq 1/3$ of anteroposterior diameter of chest)
- Compression rate (100–120/min)
- Ensure complete chest recoil
- Minimize interruptions in compressions
- Avoid excessive ventilation
- Rotate compressor every 2 minutes, or sooner if required

Shock Energy for Defibrillation

Initial shock 2 J/kg, second shock 4 J/kg, subsequent shocks ≥ 4 J/kg, maximum 10 J/kg or adult dose.

Medication Dose/Details

- **Epinephrine IO/IV dose:** Administer 0.01 mg/kg (0.1 mL/kg of 1:10 000 concentration). Repeat administration every 3-5 minutes. If no IO/IV access, may administer endotracheal dose: 0.1 mg/kg (0.1 mL/kg of 1:1000 concentration).
- **Amiodarone IO/IV dose:** Administer 5 mg/kg bolus during cardiac arrest. May repeat up to 3 times for refractory VF/pulseless VT.
- **Lidocaine IO/IV dose:** Start with 1mg/kg initial loading dose. Provide NS bolus after administration to assist entry into central circulation.

Advanced Airway

- Perform endotracheal intubation or place supraglottic advanced airway
- Utilize waveform capnography to confirm and monitor ET tube placement
- After confirming advanced airway in place, administer 1 breath every 2–3 seconds with continuous chest compressions

Return of Spontaneous Circulation (ROSC)

- Ensure adequate oxygenation/ventilation
- Evaluate and maintain pulse and blood pressure
- Initiate and monitor intra-arterial pressure monitoring if available

Reversible Causes (Hs and Ts)

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