

ORANGE COUNTY EMERGENCY MEDICAL SERVICES BASE HOSPITAL TREATMENT GUIDELINES

CARDIOPULMONARY ARREST (PEDIATRIC)

#: BH-P-40 Page 1 of 4 Date 04/01/13

BASE GUIDELINES

1. During resuscitation attempts, interruption of chest compressions should always be held to a minimum.

For Continued VF/pulseless Wide Complex Tachycardia

1. Determine ALS Standing Order treatments/procedures rendered prior to base hospital contact. Use ALS standing order as guidelines for treatments/procedures not initiated prior to base hospital contact.

ALS STANDING ORDER

Ventricular fibrillation (VF) OR Pulseless Ventricular tachycardia

- 1. Initiate or continue CPR and when defibrillator available:
 - Defibrillate once at 2 J/kg biphasic setting (or pre-programmed defibrillator setting)



- 2. If at any time develops rhythm with pulse:
 - Ventilate and oxygenate
 - Assess for and correct hypoxia or hypovolemia
 - ALS escort to nearest ERC or contact Base Hospital as needed



- 3. If remains pulseless:
 - → Maintain CPR approximately 2 minutes
 - ► High-flow oxygen by BVM
 - → IV/IO vascular access without interruption of CPR



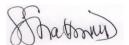
- 4. Continually monitor cardiac rhythm:
 - → If persistent VF/pulseless VT
 - ▶ Defibrillate once at 4 J/kg biphasic setting (or pre-programmed defibrillator setting)
 - → If PEA or Asystole: refer to PEA/Asystole box.



- 5. For continued VF/ pulseless VT or if reverts back to VF/pulseless VT:
 - → Maintain CPR
 - Administer Epinephrine 0.01 mg (1:10,000) IV/IO, repeat approximately every 4 minutes for continued VF/pulseless VT



Approved:



Base Hospital Tx Guide 2013: Implementation Date: 04/01/2013 OCEMS copyright © 2013



ORANGE COUNTY EMERGENCY MEDICAL SERVICES

BASE HOSPITAL TREATMENT GUIDELINES CARDIOPULMONARY ARREST (PEDIATRIC)

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BASE GUIDELINES

For Continued VF/pulseless Wide Complex Tachycardia

- 3. Once ALS Standing Orders treatment sequence is completed, continue the following for continued VF/pulseless Wide Complex Tachycardia:
 - ► Maintain CPR
 - ► Administer *Epinephrine 0.01 mg (1:10,000) IV/IO*, repeat approximately every 4 minutes for continued VF/pulseless VT
 - ► Defibrillate once at 4 J/kg biphasic setting (or pre-programmed defibrillator setting)
 - ► Repeat defibrillation sequence after approximately every 2 minutes of CPR if there is continued VF/pulseless Wide Complex Tachycardia.
- 4. For prolonged arrest, consider Sodium Bicarbonate (NaHCO3-) 1mEq/kg IVP. May repeat once in approximately 5 minutes.
- 5. Consider BH Physician order to request pronouncement of patient in the field.

ALS STANDING ORDER

Ventricular fibrillation (VF) OR Pulseless Ventricular tachycardia (Continued from page 1)



- 6. For continued VF/pulseless VT:
 - → Maintain CPR
 - Defibrillate once at 4 J/kg biphasic setting (or pre-programmed defibrillator setting)



- 7. For continued VF/ pulseless VT:
 - → Maintain CPR
 - Administer Amiodarone 5 mg/kg IV/IO, may repeat 5 mg/kg IV/IO in 5 and 10 minutes

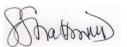


- 8. After approximately 2 minutes of CPR, if there is continued VF/pulseless VT:
 - Defibrillate once at 4 J/kg biphasic setting (or pre-programmed defibrillator setting)



- 9. For continued VF/ pulseless VT:
 - → Maintain CPR and transport to nearest ERC or make Base contact to:
 - Provide further resuscitation orders
 - Request pronouncement of patient in the field

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ORANGE COUNTY EMERGENCY MEDICAL SERVICES

BASE HOSPITAL TREATMENT GUIDELINES

CARDIOPULMONARY ARREST (PEDIATRIC)

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BASE GUIDELINES

For continued Pulseless Electrical Activity (PEA)/Asystole

- 1. Determine ALS Standing Order treatments/procedures rendered prior to base hospital contact. Use ALS standing order as guidelines for treatments/procedures not initiated prior to base hospital contact.
- 2. Consider and treat reversible causes:

hypovolemia* acidosis

hypoxia tension pneumothorax

hypothermia toxins

hypoglycemia

* For suspected hypovolemia, if not already done - give Normal Saline 20mL/kg bolus (up to 250 mL), may repeat 2 times to maintain perfusion.

ALS STANDING ORDER

Pulseless Electrical Activity (PEA) OR Asystole

- 1. Initiate or maintain CPR
 - High-flow oxygen by BVM



- 2. Continually monitor cardiac rhythm:
 - → Maintain CPR
 - ► IV/IO vascular access without interruption of CPR
 - 20 mL/kg Normal Saline bolus, may repeat twice to attain and maintain perfusion.



- 3. If no immediate response to initial 250 mL Normal Saline bolus:
 - Administer Epinephrine 0.01 mg/kg (1:10,000) IV/IO approximately every 4 minutes
 - → Correct possible reversible causes:

hypovolemia acidosis

hypoxia tension pneumothorax

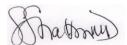
hypothermia toxins

- → If diabetic and hypoglycemia suspected: administer:
 - Dextrose 25% 2 mL/kg IV/IO if under age 2 years
 - ▶ Dextrose 50% 1 mL/kg IV/IO if age 2 years or older



- 4. If VF/ pulseless VT develops:
 - ▶ Defibrillate once at 2 J/kg biphasic setting (or pre-programmed defibrillator setting) and follow VF/pulseless VT algorithm







ORANGE COUNTY EMERGENCY MEDICAL SERVICES

BASE HOSPITAL TREATMENT GUIDELINES CARDIOPULMONARY ARREST (PEDIATRIC)

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BASE GUIDELINES

For Continued Pulseless Electrical Activity (PEA)/Asystole

- 3. Continue the following treatment for continued Pulseless Electrical Activity (PEA)/Asystole:
 - ► Maintain CPR
 - ► Administer *Epinephrine 0.01 mg/kg (1:10,000) IV/IO* approximately every 4 minutes for continued Pulseless Electrical Activity (PEA)/ Asystole.
- 4. For prolonged arrest, consider Sodium Bicarbonate (NaHCO3-) 1mEq/kg IVP. May repeat once in approximately 5 minutes.

ALS STANDING ORDER

Pulseless Electrical Activity (PEA) OR Asystole (Continued from page 3)

- 5. If at any time develops rhythm with pulse:
 - Ventilate and oxygenate
 - Assess for and correct hypoxia, hypovolemia, hypoglycemia, or hypothermia
 - Make base contact for transport destination.



- 6. For continued VF/ pulseless VT:
 - → Maintain CPR and transport to nearest ERC or make Base contact to:
 - Provide further resuscitation orders
 - Request pronouncement of patient in the field

Approved:

