

PEDIATRIC CARDIAC ARREST

Link for legend to be added
before finalized

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EMSAC AUGUST
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See appendix A below for
medications, electrical
dosages, and special notes

Assess patient by history and exam

Neonate (defined as < 28 days)?
Adult (defined as onset of puberty)?

YES

Neonatal
Resuscitation

Adult Medical
Cardiac Arrest

NO

Start High Quality CPR (15:2 for two rescuer)

- BVM ventilations with high flow oxygen and appropriate BLS airway adjunct
- Apply AED/Defibrillator

Rhythm
Shockable?

YES

VF/pVT

ASAP

Resume CPR for 2 minutes

- Start IV/IO
- Consider advanced airway with capnography

Rhythm
Shockable?

NO

2

YES

Resume CPR for 2 minutes

- Epinephrine q 3-5 minutes
- Treat reversible causes

Rhythm
Shockable?

NO

YES

Resume CPR for 2 minutes

- Amiodarone
- Treat reversible causes

NO

Asystole/PEA

Give Epinephrine
ASAP

1

Resume CPR for 2 minutes

- Start IV/IO
- Epinephrine q 3-5 minutes
- Consider advanced airway with capnography

Rhythm
Shockable?

YES

NO

CPR for 2 minutes
Treat reversible causes

NO

Rhythm
Shockable?

YES

Go to 2

NO



At any point during resuscitation
efforts, patient regains pulses

Adult and Pediatric
ROSC

Transport to Critical Pediatric Center
(5000.1)

For discontinuing resuscitation efforts
(see Policy 4049)

BHC



APPENDIX A

High Quality CPR

- Push hard ($\geq 1/3$ diameter of chest depth)
- Push fast: 100-120/min
- Allow full chest recoil
- Minimize interruptions in compressions
- Change compressor every 2 min, sooner if fatigued
- If no advance airway compression-ventilation ratio: 15:2 for 2 rescuers, 30:2 for 1 rescuer
- If advanced airway, provide continuous compressions and give a breath every 2-3 seconds and monitor EtCO₂

Medications & Shock Energy Selection

- **Pediatric Dosage Chart**
- **Epinephrine**
- **Amiodarone**
- 1st shock 2 J/kg
- 2nd shock 4 J/kg
- 3rd shock 6 J/kg
- 4th shock 8 J/kg
- 5th shock 10 J/kg

Reversible causes

Hypovolemia: Give **Normal Saline** bolus. If secondary to blood loss, early transport

Hypoxia: BVM with high flow oxygen

Hydrogen Ion: Adequate ventilation to blow off CO₂

Hypoglycemia: Check blood glucose and treat (**Altered Mental Status**)

Hypothermia: Re-warm

Hyperkalemia: Give **Calcium Chloride**. Consider **Sodium Bicarbonate** after Calcium Chloride. Consider **Albuterol** via BVM

Tamponade (cardiac) or Thrombosis, pulmonary or cardiac: Early transport

Tension Pneumothorax: **Needle Thoracotomy**

Torsades de Pointes: After defibrillation give **Magnesium Sulfate**

Toxins:

-- TCA OD (widening QRS): **Sodium Bicarbonate**

-- Calcium channel OD: **Calcium Chloride**

-- Opioid OD: give **Naloxone**

Policy references

- **Policy 4049 Discontinuing Resuscitative Efforts**
- **Policy 4050 Death Pronouncement**
- **Policy 4051 Do Not Resuscitate & Physician Orders for Life-Sustaining Treatment**