Pediatric BLS Standing Orders

- Universal Patient Protocol
- High quality uninterrupted CPR (See **CPR Policy)**
- Apply AED and follow device instructions (**AED Policy)**
- **If patient had arrest prior to EMS arrival, provide 2 minutes of CPR prior to defibrillation**
- BVM per **BVM Policy**
  - Adult without an advanced airway: 30:2 (30 compressions to 2 breaths)
  - Pediatric without an advanced airway: 30:2 for single rescuer
    - 15:2 for two rescuers
  - Pediatric patients are generally classified for CPR as ≤ 55 kg (121 lbs) [Merck Manual]
- Provide airway support per **Airway Protocol**
- Continuous blood pressure, pulse oximetry, and ECG monitoring should be completed if available
- Continuous capnography
- If Return Of Spontaneous Circulation (ROSC) occurs after any intervention, transport to closest Imperial County approved receiving STEMI center if within 90 minutes of transport location
- Administer Naloxone (Narcan) 0.1 mg/kg, max of 2 mg IN. May repeat up to three (3) times, q5min per **Poisoning Policy**
- Check blood glucose, treat hypoglycemia as noted in **Altered Mental Status Policy**
- All cardiac arrest compression and monitor data should be uploaded to the ePCR for quality assurance review to include compression quality, EtCO2, and defibrillation timing

If applicable:

- **Determination of Death in the Field Policy**
- **Do Not Resuscitate Policy -** Do not delay care and/or CPR while confirmation is being made
- **Termination of Resuscitation Policy**

Pediatric LALS Standing Orders

- Establish IV
- Capnography
- Follow **Airway Policy**

Suspected Hypovolemia

- NS 0.9% 20 mL/kg bolus IV/IO if suspected hypovolemia BH for repeat doses
- Use Shock Protocol for persistent hypotension

Suspected Opiate Overdose

- **Naloxone 0.1 mg/kg, max of 4 mg IV. MR x2 q5min**

Hypoglycemia

- Treat hypoglycemia as noted in Altered Mental Status Policy if BS is < 60 mg/dL pediatrics, < 45 mg/dL neonates

Pediatric ALS Standing Orders

- Monitor/EKG
- Establish IV/IO
- Capnography requires both continuous numeric and waveform monitoring on all cardiac arrests

Ventricular Fibrillation or Pulseless Ventricular Tachycardia

- Defibrillation at manufacturer's suggested values (or see **Pediatric Drug Guide**)
  - Defibrillate initially at 2 J/kg and resume CPR immediately after shock delivered
  - Subsequent defibrillation at 4 J/kg and resume CPR immediately after shock delivered
- Epinephrine (1:10,000) 0.01 mg/kg IV / IO (max 1 mg, see dosing chart), repeat every 3-5 minutes for the duration of the arrest
- Contact **BHP** contact for Amiodarone or Lidocaine administration

Asystole

- Epinephrine (1:10,000) 0.01 mg/kg IV / IO (max 1 mg, see dosing chart), repeat every 3-5 minutes for the duration of the arrest
- Treat any rhythm changes according to correct treatment protocol

Pulseless Electrical Activity

- Epinephrine (1:10,000) 0.01 mg/kg IV / IO (max 1 mg, see dosing chart), repeat every 3-5 minutes for the duration of the arrest
- Treat any rhythm changes according to correct treatment protocol

Identify and treat any reversible causes:

H's & T's	
• Hypovolemia • Hypoxia • Hydrogen ion excess (acidosis) • Hypoglycemia • Hypokalemia • Hypothermia	• Tension pneumothorax • Tamponade – cardiac • Toxins • Thrombosis (pulmonary embolus) • Thrombosis (myocardial infarction)

- **Hypovolemia:**
  - Consider a 20 ml/kg fluid bolus, MR x 1
  - Use Shock Protocol for persistent hypotension
- **Hypoxia:**
  - Ensure that the patient is adequately ventilated, utilizing an airway adjunct and bag valve mask with a supplemental oxygen supply
  - Ensure proper chest rise and fall

- **Hypothermia:**
  - Consider rewarming measures
  - Patients that are hypothermic can be unresponsive to pharmaceutical therapy and electrical therapy
- **Tension Pneumothorax:**
  - Needle Thoracostomy SO

Hypothermic Cardiac Arrest (Ex: If patient is found down in near-freezing temperatures, or was pulled from near-frozen water)

- If no pulse is present, start CPR
- If defibrillation is indicated, limit to one (1) shock until patient is warm
- If patient presents with dysrhythmias, treat as appropriate
- If core temperature is less than 86°F, withhold IV medications until body temperature rises

Pediatric Base Hospital Orders

LALS

- BH: additional NS 0.9% 20 mL/kg IV

ALS

- **Suspected Hyperkalemia as source of cardiac arrest:**
  - Peaked T-waves, with possible widening of the QRS complex
  - BH: Calcium Chloride 10 mg/kg IV / IO, max dose 1 gm
  - BH: Sodium Bicarbonate 1 mEq/kg IV/ IO, max dose 50 mEq (1 amp)

Refractory VF/Pulseless VT

- BHP: Amiodarone 5 mg/kg (max 300 mg, see dosing chart) IV / IO

APPROVED:

Signature on File
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