

	Department Name Address	BLS	EMT
		Revision #	
		Implementation Date	
Protocol	4.2.8 Cardiac Arrest - Pediatric	Last Reviewed/Update Date	
Author / Owner		Medical Director	

The goal in the cardiac arrest patient is: rapid assessment, rapid intervention by establishing an adequate airway, ongoing CPR, intravenous access, application of an AED, and defibrillation. Transport should be started as soon as practical and ALS intercept called for early. Treatment needs to be ongoing during all phases of transport. CPR and ventilation may need to be stopped to facilitate some phases of patient transport. These interruptions should be minimized as much as possible by evaluating all phases of patient extrication and transport prior to carrying out the individual steps. Early notification of the receiving emergency department and medical control is necessary. Although individual treatments are listed individually in practical application, many steps are carried out simultaneously when they can be.

1. Baseline care standards.
2. Establish that the patient is pulseless and breathless. Begin CPR.
3. If cardiac arrest was unwitnessed or EMS arrival to the patient is estimated to be more than 5 minutes since the patient went into arrest, complete 2 minutes of CPR prior to defibrillation. **(DO NOT APPLY AED TO INFANTS LESS THAN 1 YEAR OLD)**
  - During initial administration of CPR, the AED should be attached to the patient.
4. If cardiac arrest was witnessed and EMS arrival to the patient is estimated to be less than 5 minutes since the patient went into arrest, attach the AED to the patient and check rhythm prior to beginning CPR. Follow prompts given by AED.
5. After the first and all subsequent defibrillations, immediately begin CPR for 2 minutes.
  - CPR should not be delayed for rhythm or pulse checks unless signs of circulation have returned.
6. For an infant less than one year old:
  - Continue CPR until ALS responders take over or victim starts to move.
  - **DO NOT APPLY AED TO INFANTS.**

7. A maximum of 3 defibrillations may be delivered on scene prior to initiating transport.
8. If the AED advises no shock, initiate transport with rhythm checks by the AED occurring approximately every 2 minutes.
9. Manage airway per protocol.
10. Call for ALS intercept.
11. Transport.

---

*Medical Director's Signature*

---

*Date*

Disclaimer:

The protocols have been developed by the North Dakota Department of Health are meant to be used as general guidance for developing protocols for individual emergency medical services agencies. These sample protocols are not meant to be medical or legal advice; nor do they establish standards of care. Each emergency medical services agency must tailor protocols based on their specific needs or capabilities. Local medical directors must be consulted with and approve any protocol(s) prior to becoming operational in an emergency medical services agency. directors must be consulted with and approve any protocol(s) prior to becoming operational in an emergency medical services agency. The North Dakota Department of Health make no representation on the accuracy of information contained herein and accepts no liability for any loss or damage arising from any content error or omission