

PC01 Pediatric Emergency Cardiac Care

Objectives:

- Early recognition and appropriate intervention for pediatric patients in cardiac arrest

General Information:

- During CPR
 - a) Push hard, push fast (100/min)
 - b) Ensure full chest recoil
 - c) Minimize interruptions in compressions
 - d) One person CPR: 30 compressions: 2 breaths, two minutes = 5 cycles
 - e) Two person CPR: 15 compressions: 2 breaths, two minutes = 10 cycles
 - f) Avoid hyperventilation
 - g) After an advanced airway is in place, rescuers no longer deliver “cycles” of CPR. Give continuous compressions without pauses for breaths (8-10 breaths per minute)
 - h) Check rhythm every two minutes
 - i) A two-thumb encircling technique is preferred for infants
- A BLS airway is an adequate airway. A brief attempt at an advanced airway by an experienced provider is appropriate
- AED use
 - a) Pediatric AEDs are preferred for children 1-8 years old; currently there is insufficient evidence to recommend for or against the use of an AED for children < 1 year old
 - b) If a child is in cardiac arrest and a device with pediatric capabilities is not available, an adult AED should be used
 - c) Adult AEDs should be used on children 8 years old or older
 - d) Defibrillation pads should not touch. Use pediatric-sized pads if available for children 1-8 years old; use a front-back placement if needed
 - e) Contraindications:
 - i) Rigor mortis
 - ii) Dependent lividity
 - iii) Injuries incompatible with life
 - iv) “No code”/ DNR



Warnings/Alerts:

- CPR may still be required in the presence of an organized cardiac rhythm
- Perform CPR if the heart rate is less than 60 with poor perfusion despite oxygenation and ventilation
- Do not administer amiodarone endotracheally
- It is the responsibility of the provider delivering the shock to ensure that no one is touching the patient prior to the shock delivery
- Failure to stop a moving vehicle during AED analysis may lead to inappropriate defibrillation
- The following conditions need to be addressed prior to defibrillation:
 - a) Patients in standing water
 - b) Patients with transdermal medication

Avoid placing pads over implanted defibrillator

OMD Notes:

References:

AHA Pediatric Advanced Life Support Provider Manual, 2006, p. 153-184

Performance Indicators:

Onset of Arrest Time	Initial Rhythm	Bystander/FR CPR/AED
Time of Initial Defibrillation	Consistency of CPR	Changes in EKG Rhythm
Patient Packaging	Patient Disposition	

**PC01--Pediatric Emergency
Cardiac Care**

