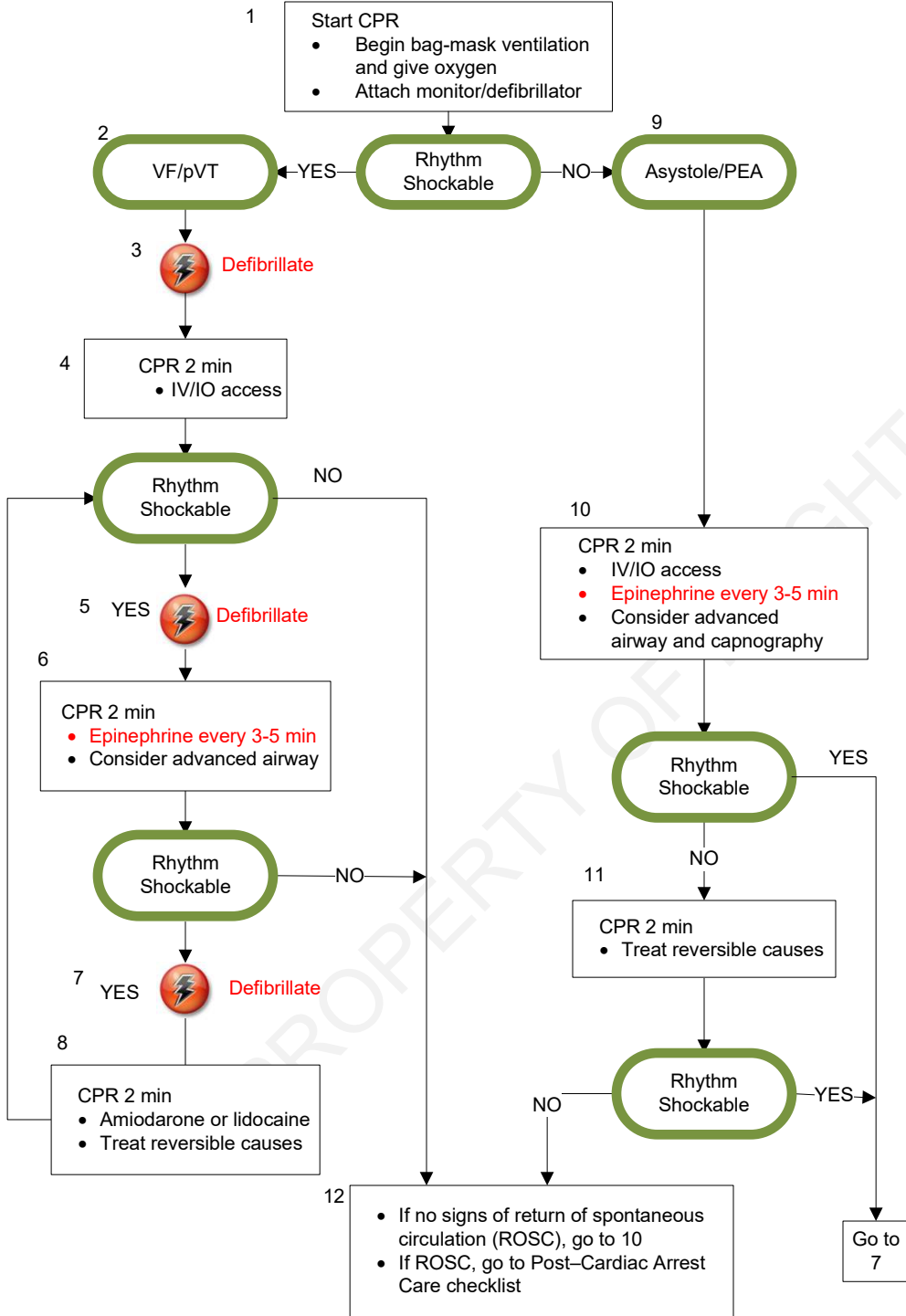




Cardiac Arrest-Pediatric



- CPR Quality**
- Push hard ($\geq 1/3$ of anteroposterior diameter of chest) and fast (100-120/min) and allow complete chest recoil
 - Minimize interruptions in compressions
 - Change compressor every 2 minutes, or sooner if fatigued
 - If no advanced airway, 15:2 compression-ventilation ratio
 - If advanced airway, provide continuous compressions and give a breath every 2-3 seconds
- Shock Energy for Defibrillation**
- First shock 2 J/kg
 - Second shock 4 J/kg
 - Subsequent shocks ≥ 4 J/kg, maximum 10 J/kg or adult dose
- Drug Therapy**
- **Epinephrine IV/IO dose: 0.01 mg/kg (0.1 mL/kg of the 0.1 mg/mL concentration). Max dose 1 mg. Repeat every 3-5 minutes. If no IV/IO access, may give endotracheal dose: 0.1 mg/kg (0.1 mL/kg of the 1 mg/mL concentration).**
 - **Amiodarone IV/IO dose: 5 mg/kg bolus during cardiac arrest. May repeat up to 3 total doses for refractory VF/pulseless VT**
- OR**
- **Lidocaine IV/IO dose: Initial: 1 mg/kg loading dose**
- Advanced Airway**
- Endotracheal intubation or supraglottic advanced airway
 - Waveform capnography or capnometry to confirm and monitor ET tube placement
- Reversible Causes**
- Hypovolemia
 - Hypoxia
 - Hydrogen ion (acidosis)
 - Hypoglycemia
 - Hypo-/hyperkalemia
 - Hypothermia
 - Tension pneumothorax
 - Tamponade, cardiac
 - Toxins
 - Thrombosis, pulmonary
 - Thrombosis, coronary

This guideline does not substitute for sound clinical judgment.

Approved by: Nick Lehouillier 7/21/2025 | 1:44:40 PM CDT
 Nick Lehouillier, RN, Chief Flight Nurse

Signed by: William B. Weir 7/22/2025 | 8:06:08 AM CDT
 William B. Weir, MD, Medical Director

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