

Michigan
Pediatric Cardiac Protocols
PEDIATRIC ASYSTOLE/PEA

Date: May 31, 2012

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Pediatric Asystole / Pulseless Electrical Activity

During CPR, consider reversible causes of Asystole/PEA and treat as indicated. Causes and efforts to correct them include but are not limited to:

- Hypovolemia – 20 ml/kg NS IV/IO fluid bolus
- Hypoxia – reassess airway and ventilate with high flow oxygen
- Tension pneumothorax – see **Pleural Decompression Procedure**
- Hypothermia – follow **Hypothermia Cardiac Arrest Protocol**, consider rapid transport
- Hyperkalemia (history of renal failure) – Contact Medical Control, possible Calcium Chloride / Sodium Bicarbonate

Pre-Medical Control

PARAMEDIC

1. Follow the **Pediatric Cardiac Arrest - General Protocol**.
2. Confirm that patient is in asystole by evaluating more than one lead.
3. Administer Epinephrine 1:10,000, 0.01 mg/kg (0.1 ml/kg) IV/IO up to 1 mg (10 ml), repeat every 3-5 minutes.
4. Continue CPR for two minutes or 10 cycles and reassess rhythm.

Post-Medical Control

PARAMEDIC

1. In a dialysis patient hyperkalemia is likely. Administer Calcium Chloride 10 %, 20 mg/kg (0.2 ml/kg) IV/IO, maximum single dose 1 g, and Sodium Bicarbonate 1 mEq/kg IV/IO with 20 ml NS flush in between medications.

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**Contact
Medical
Control**

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