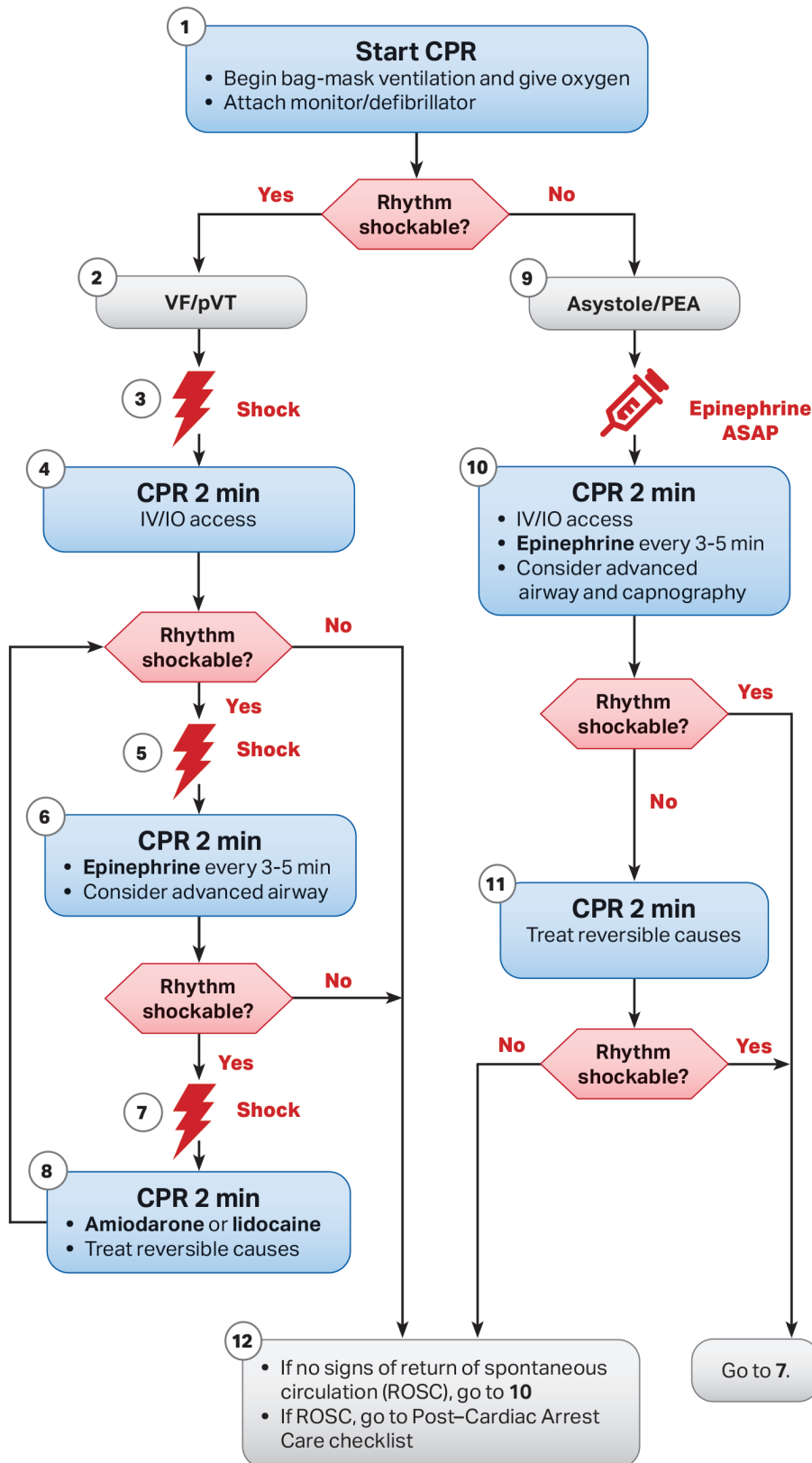


Figure 11. Pediatric Cardiac Arrest Algorithm.



CPR Quality
<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • First shock 2 J/kg • Second shock 4 J/kg • Subsequent shocks ≥ 4 J/kg, maximum 10 J/kg or adult dose
Drug Therapy
<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • Endotracheal intubation or supraglottic advanced airway • Waveform capnography or capnometry to confirm and monitor ET tube placement
Reversible Causes
<ul style="list-style-type: none"> • Hypovolemia • Hypoxia • Hydrogen ion (acidosis) • Hypoglycemia • Hypo-/hyperkalemia • Hypothermia • Tension pneumothorax • Tamponade, cardiac • Toxins • Thrombosis, pulmonary • Thrombosis, coronary