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Executive Director

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Medical Director

EFFECTIVE DATE 01/01/2004
SUPERSEDES: _____
REVISED: _____
REVIEW DATE: 01/01/2009
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PEDIATRIC PULSELESS ELECTRICAL ACTIVITY

- I. AUTHORITY: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE: To serve as the treatment standard for EMT-Is and EMT-Ps in treating patients.
- III. PROTOCOL:

The absence of a detectable pulse and the presence of some type of electrical activity other than V-Tach defines this group of arrhythmias. Many of these patients do have cardiac mechanical activity without effective cardiac output (they are in profound shock). Consider hypovolemia in these patients.

Consider Possible Causes: (Possible field treatments in parentheses)

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| HYPOVOLEMIA (volume infusion) | PULMONARY EMBOLISM |
| HYPOXIA (ventilation) | DRUG OVERDOSE (appropriate antidote) |
| CARDIAC TAMPONADE | HYPERKALEMIA (sodium bicarb, calcium chloride) |
| TENSION PNEUMOTHORAX (needle decompression) | ACIDOSIS (ventilation) |
| HYPOTHERMIA (See Hypothermia 555.62) | MYOCARDIAL INFARCTION |

Consider Code 2 transport of all patients in cardiac arrest unless special circumstances which might favor survival are suspected.

STANDING ORDERS	
ABCs	
CPR	<u>Minimize interruptions in compression as much as possible.</u>
SECURE AIRWAY/ INTUBATE	Using the simplest effective method. A BLS airway with objective evidence of good ventilation and oxygenation is adequate and acceptable. Consider intubation while en route <u>only if unable to establish adequate ventilation and oxygenation using a BVM.</u> Confirm placement, if intubated, with end-tidal CO ₂ detector and esophageal detector device. Continuous waveform capnography should be used in all intubated patients, if available.
IV/IO ACCESS	TKO with microdrip tubing and volume control chamber.
CONSIDER TREATABLE CAUSES	Hypovolemia: Bolus 20mg/kg. Repeat in 5 minutes. Reassess after each bolus Tension pneumothorax: Refer to 544 <u>554</u> .00-ALS Introduction Hypoxia: Provide oxygen Hypothermia: Refer to Hypothermia protocol 555.62
EPINEPHRINE	0.01 mg/kg of 1:10,000 IV/IO push or 0.1 mg/kg of 1:1000 ET. Repeat every 3 minutes.
IV FLUID	20 mg/kg bolus. Repeat in 5 minutes. Reassess the patient after each bolus.
BASE PHYSICIAN ORDERS	
DECLARATION OF DEATH	After 3 doses epinephrine and 2 fluid boluses, if no reversible causes are identified.