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 Executive Director

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 Medical Director

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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 EMTs and Paramedics within their scope of practice.
- 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                           |

<b>STANDING ORDERS</b>	
<b>ASSESS</b>	CAB
<b>CPR</b>	In an un-witnessed arrest or when no CPR has been initiated by bystanders give 5 cycles of CPR (about 2 minutes). Minimize interruptions in compression as much as possible.
<b>SECURE AIRWAY</b>	Using the simplest effective method. A BLS airway with objective evidence of good ventilation and oxygenation is adequate and acceptable. Consider intubation only if unable to establish adequate ventilation and oxygenation using a BVM. Refer to General Procedures Protocol 554.00.
<b>IV/IO ACCESS</b>	TKO with microdrip tubing and volume control chamber.
<b>CONSIDER TREATABLE CAUSES</b>	Hypovolemia: Bolus 20ml/kg. Repeat in 5 minutes. Reassess after each bolus Tension pneumothorax: Refer to General Procedures Protocol 554.00 Hypoxia: Provide oxygen Hypothermia: Refer to Hypothermia protocol 555.62
<b>EPINEPHRINE</b>	0.01mg/kg of 1:10,000 IV/IO push. Repeat every 3 minutes.
<b>IV FLUID</b>	20 ml/kg bolus. Repeat in 5 minutes. Reassess the patient after each bolus.
<b>BASE PHYSICIAN ORDERS</b>	
<b>DECLARATION OF DEATH</b>	After 3 doses epinephrine and 2 fluid boluses, if no reversible causes are identified.