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Executive Director

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Medical Director

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PEDIATRIC RESPIRATORY ARREST

- 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:

STANDING ORDERS

ABCs

SECURE AIRWAY

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. Confirm placement, if intubated, with end-tidal CO₂ detector. **Continuous waveform capnography should be used in all intubated patients, if available.** As appropriate. If BLS airway alone returns spontaneous respirations, oxygenate at high flow rate and assist ventilations as necessary. Confirm tube placement, if intubated, with end-tidal CO₂ detector and esophageal detector device. ~~Continuous waveform capnography should be used in all intubated patients, if available.~~

MONITOR

Treat rhythm as appropriate.

IV/IO ACCESS

TKO with microdrip tubing and volume control chamber.

DRAW BLOOD SAMPLE

Test for glucose. Refer to ALOC Policy 555.31, if blood sugar less than 75 mg/dL.

CONSIDER

AIRWAY OBSTRUCTION

Refer to Airway Obstruction Policy 555.21.

NALOXONE

0.1 mg/kg IV/IO/~~ET~~/SQ/IM, if mental status and respiratory effort are depressed, ~~and~~ the ~~child~~ patient is not a newborn and there is a strong suspicion of opiate overdose. Maximum single dose 2 mg. May repeat once in 3 minutes if partial response to treatment.