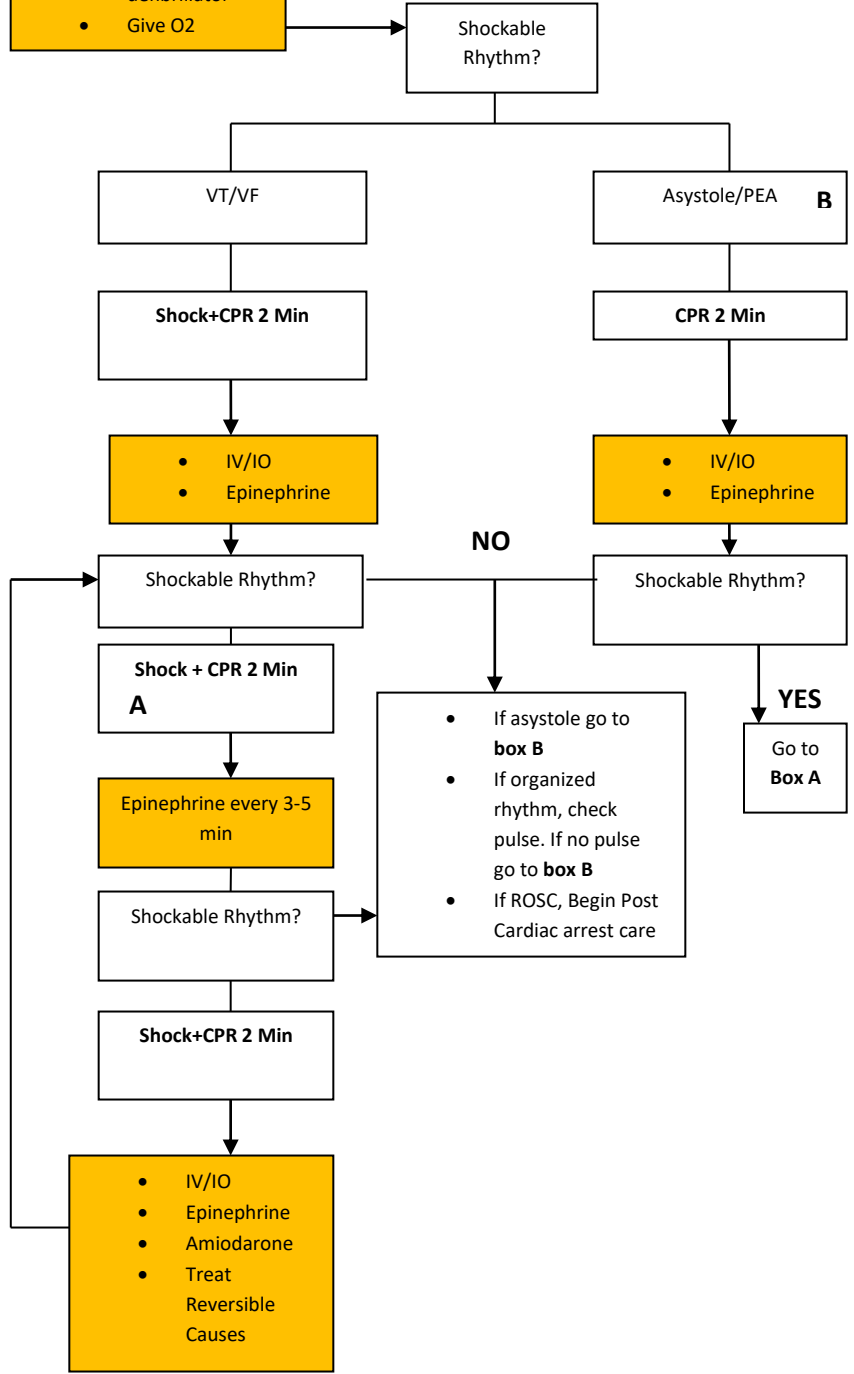
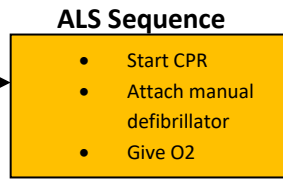
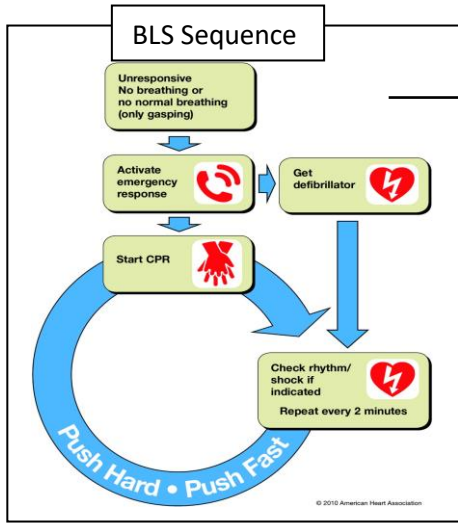


PO30 PEDIATRIC (AGE <12 YEARS) PULSELESS ALS ALGORITHM

EMT	AEMT
EMT-I	EMT-P



CPR, Ventilation and Advanced Airway

- BVM preferred for all patients <8 years old and is appropriate as primary means of ventilation in all pediatric patients
- An appropriately-sized supraglottic airway (e.g. King) may be placed if available at any point in resuscitation in children ≥ 8years old.
- No intubation for cardiac arrest < age 12 unless other methods, i.e. BVM, supraglottic airway, are unsuccessful.
- If no advanced airway, alternate ventilations and compressions in 15:2 ratio
- If advanced airway in place ventilate continuously at 8-10 breaths/min
- Avoid excessive ventilation

Defibrillation:

- 1st Shock 2 J/Kg, subsequent shocks 4 J/Kg
- EMT + AEMT use AED
- Intermediate and Paramedic use Manual Defibrillator

ROSC:

- Return of Spontaneous Circulation
- FULL set of Vitals

Regarding where to work arrest and presence of Family Members

- CPR in a moving ambulance or pram is ineffective (w/out CPR device)
- In general, work cardiac arrest on scene either to ROSC, or to field pronouncement, unless the scene is unsafe
- Family presence during resuscitation is preferred by most families, is rarely disruptive, may help with grieving process for family members
- Family presence during resuscitation is recommended, unless disruptive to resuscitation efforts
- Contact Base for termination of resuscitation.