PEDIATRIC PULSELESS ELECTRICAL ACTIVITY / ASYSTOLE - ALS

1. Confirm unresponsiveness and check ABCs
   If pulseless begin CPR (≥2 min)

2. Consider cause and initiate specific treatment
   (see chart)

   **CAUSES**
   - Hypoxemia
   - Tension pneumothorax
   - Toxicity/O.D.
   - Dialysis patient/Renal failure/
     Hyperkalemia
   - Hypovolemia
   - Metabolic acidosis
   - Prolonged down time
   - Hypoglycemia

   **SPECIFIC TREATMENT**
   - Check ET and ventilation
   - Needle thoracentesis
   - Naloxone ≤ 20 kg: 0.1 mg/kg, IV/IO
     > 20 kg: 2.0 mg/dose, IV/IO
   - Contact Base Station
   - Normal Saline bolus 20 ml/kg
   - Contact Base Station
   - Dextrose 10% 5ml/kg using buretrol

3. Monitor

4. Consider advanced airway
   Establish vascular access

5. Epinephrine
   0.1 ml/kg (0.01 mg/kg) IV/IO 1:10,000
   Repeat every 3 to 5 minutes

6. Check rhythm
   If pulseless, resume CPR

7. Consider cause and initiate specific treatment
   (see chart)

8. Transport and Base contact Medical Control

1 – Pediatric CPR rates: 1 rescuer = 30 compressions: 2 ventilations
   2 rescuers = 15 compressions: 2 ventilations

2 – Consider endotracheal drug administration, if vascular access unavailable
   Epinephrine 0.1 ml/kg (0.1 mg/kg) ET 1:1,000