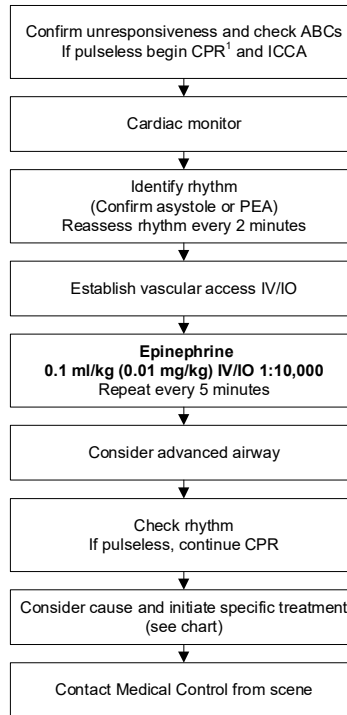




<b>REGION 11 CHICAGO EMS SYSTEM PROTOCOL</b>	Title: Pediatric Pulseless Ventricular Electrical Activity / Asystole - ALS
	Section: Pediatrics
	Approved: EMS Medical Directors Consortium
	Effective: December 1, 2022

## PEDIATRIC PULSELESS ELECTRICAL ACTIVITY / ASYSTOLE - ALS



**1 – Ventilation Rates:** Basic Airway..... 1 rescuer = 30 compressions: 2 ventilations  
 2 rescuers = 15 compressions: 2 ventilations

Advanced Airway..... Child = 12 breaths per minute (1 breath every 5 seconds)  
 Infant = 20 breaths per minute (1 breath every 3 seconds)

REVERSIBLE CAUSES	SPECIFIC EMS TREATMENT
Hypovolemia.....	Normal saline bolus, 20 ml/kg
Hypoxia.....	Check placement of advanced airway, ensure oxygenation and ventilation
Hydrogen ion (acidosis).....	None
Hyperkalemia.....	For children older than 6 months of age: <b>Calcium Chloride, 10%, 0.2 ml/kg, IV/IO, max single dose 10 ml</b> <b>Sodium Bicarbonate, 8.4%, 1 mEq/kg, IV/IO, max single dose 50 ml</b>
Hypothermia.....	None
Tension pneumothorax.....	Pleural (needle) decompression
Tamponade, cardiac.....	None
Toxins.....	For suspected opioid overdose, consider <b>Naloxone: ≤ 20 kg: 0.1 mg/kg, IV/IO</b> <b>&gt; 20 kg: 2.0 mg/dose, IV/IO</b> For suspected tricyclic antidepressant overdose, consider <b>Sodium Bicarbonate, 8.4%, 1 mEq/kg, IV/IO, max single dose 50 ml</b>
Thrombosis, pulmonary.....	None
Thrombosis, coronary.....	None