

**REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Basic, EMT- Paramedic**

SMO: Pediatric Cardiac Arrest

Policy: When Cardiac Arrest occurs in children, it is generally the result of a progressive deterioration in Respiratory function and /or a Shock condition. Assessment and history to identify treatable causes can not be over emphasized.

INFORMATION NEEDED

- Patient age
- Medical history (ex. history of respiratory problem, shock, cardiovascular disease, congenital heart defect, blunt chest trauma)
- History of present event (ex. complaints prior to arrest, possibility of choking, allergic reaction, etc.)

OBJECTIVE FINDINGS

- Patient is apneic and pulseless
- Patient is under one year of age
or
- Patient is 1 to 8 years of age and AED available

TREATMENT

- Assess patient and confirm pulselessness
- Start CPR using pediatric - AHA 2005 Guidelines
- Routine Medical Care
- Assure adequacy of ventilations and compressions
- Obtain quick, resuscitation-oriented patient history
- Ensure adequacy of CPR
- After 5 Cycles (2 minutes) of CPR attach AED
- If AED indicated that shock is advised – shock once - than 2 minutes of CPR, repeat until no shock advised
- Transport as soon as possible

Documentation of adherence to protocol:

- Time CPR started
- Time AED applied

Medical Control Contact Criteria

- Use of AED on patients under 1 year of age

PRECAUTIONS AND COMMENTS

- On Pediatric patients age 1 to 8 years an AED with Pediatric pads are preferred. If this is not available adult pads may be used. Anterior / Posterior placement may be necessary.