

CENTRAL CALIFORNIA
EMERGENCY MEDICAL SERVICES
A Division of the Fresno County Department of Public Health

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| Manual | Emergency Medical Services Administrative Policies and Procedures | Policy Number 530.33 |
| Subject | Paramedic Treatment Protocols PEDIATRIC VENTRICULAR FIBRILLATION – PULSELESS VENTRICULAR TACHYCARDIA | Page 1 of 2 |
| References | Title 22, Division 9, Chapter 4 of the California Code of Regulations | Effective Fresno County: 01/15/82 Kings County: 04/10/89 Madera County: 06/15/85 Tulare County: 04/19/05 |

| STANDING ORDERS | | |
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| 1. Assessment | ABCs, CPR if appropriate. Refer to EMS Policy #549 – Initiation/Termination of CPR in the Medical Patient. <ul style="list-style-type: none"> If EMS providers <u>witness</u> the cardiac arrest, immediately place the cardiac monitor on the patient, analyze and defibrillate if indicated. If the EMS providers arrive on scene and the patient has an <u>unwitnessed</u> arrest by the EMS providers, perform two (2) minutes of CPR before analyzing the cardiac monitor. | |
| 2. Airway | Secure with BLS airway. | |
| 3. Defibrillate | 1 time @ 2 joules/kg <u>or</u> biphasic equivalent. Begin or continue CPR for 2 minutes. Reassess. If conversion to ROSC – Amiodarone 5 mg/kg IV/IO over 10 minutes, transport. Contact Base Hospital (Max of 300 mg total). | |
| 4. IV/IO Access | LR TKO with Volutrol and Pediatric tubing. | |
| 5. Epinephrine | <p style="text-align: center;"><u>IV/IO</u></p> 0.01 mg/kg 1:10,000 (max dose 1mg) | |
| 6. Transport | | |
| 7. Defibrillate | 1 time @ 4 joules/kg <u>or</u> biphasic equivalent. Continue CPR for 2 minutes. Reassess. If conversion to ROSC – Amiodarone 5 mg/kg IV/IO over 10 minutes (Max of 300 mg total). Contact Base Hospital. | |
| 8. Amiodarone | 5 mg/kg IV/IO push (Max of 300 mg total). | |

STANDING ORDERS - CONTINUED ON NEXT PAGE

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| Approved By | Daniel J. Lynch | Revision |
| EMS Director | (Signature on File at EMS Agency) | 09/05/2023 |
| EMS Medical Director | Jim Andrews, M.D. (Signature on File at EMS Agency) | |

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STANDING ORDERS (CONTINUED)

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| 9. Defibrillate | 1 time @ 4 joules/kg <u>or</u> biphasic equivalent. Continue CPR for 2 minutes. Reassess. If conversion – Amiodarone 5mg/kg IV/IO (Max of 300 mg total). Contact Base Hospital. |
| 10. Amiodarone | 5 mg/kg IV/IO push (Max of 300 mg total). |
| 11. Contact Hospital | Per EMS Policy #530.02. |
| 12. Defibrillate | 1 time @ 4 joules/kg <u>or</u> biphasic equivalent. Continue CPR for 2 minutes. Reassess. |
| 13. Epinephrine | <u>IV/IO</u> 0.01 mg/kg 1:10,000 (max dose 1mg) Repeat every 3-5 min. |
| 14. Repeat Epinephrine/ Defibrillation | Every 3-5 min. |

SPECIAL CONSIDERATIONS AND PRIORITIES

1. Refer to Broselow Tape for specific pediatric doses.
2. Intraosseous lines are the preferred method for rapid vascular access in cardiac arrest in children less than 3 years of age. In children 3 years of age or older, establish vascular access via IV or IO.
3. Provide family psychosocial support if resuscitation is not indicated or not successful.