

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 530.34 |
| Subject | Paramedic Treatment Protocols PEDIATRIC ASYSTOLE | 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. | |
| 2. IV/IO Access | LR TKO with Volutrol and Pediatric tubing. | |
| 3. Epinephrine | <u>IV/IO</u> 0.01 mg/Kg 1:10,000 (max dose 1 mg) | |
| 4. Transport | | |
| 5. Airway | Continue BLS airway and ventilate with bag-valve 100% oxygen. | |
| 6. Epinephrine | <u>IV/IO</u> 0.01 mg/Kg 1:10,000 (max dose 1 mg) Repeat every 3-5 minutes | |
| 7. TCP | Per EMS Policy #530.02 only if victim of electrocution and down time less than 10 minutes. | |
| 8. Contact Hospital | Per EMS Policy #530.02. | |

SPECIAL CONSIDERATIONS AND PRIORITIES

1. Refer to Broselow Tape for specific pediatric doses.
2. Repeat Epinephrine every 3-5 minutes.
3. Intraosseous lines are the preferred method for rapid vascular access in the cardiac arrest in children less than 3 years of age. In children 3 years or older, establish vascular access via IV or IO.
4. Provide family psychosocial support if resuscitation is not indicated or not successful.

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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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| Subject | Paramedic Treatment Protocols – Pediatric Asystole | Policy Number 530.34 |
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5. Electrical injuries that result in cardiac arrest should be treated as medical arrests. Electrical injuries that result in cardiac arrest should be treated aggressively with respiratory support, base contact, and ACLS per protocols.

Alternating current (AC) frequently results in ventricular fibrillation. Direct current (DC) frequently results in asystole. Both have a relatively high rate of spontaneous return to sinus rhythm with ventilatory support. TCP may be indicated.