

Pediatric Cardiac Section

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Introduction: [Pediatric Cardiac Arrest](#) is often a result of progressive respiratory failure or shock. When CPR is indicated, start compressions while immediately preparing to address airway, ventilation, and oxygenation:

- Assure open airway
- Provide ventilations with [BVM](#) and supplemental oxygen

AED Guidelines:

Adult AED settings and pads should be used for children >8 years old. If a manual defibrillator is not available, pediatric

AED settings and pads (if available) should be used for children age 1–8 and infants. If no pediatric AED is available, an adult AED may be used for children and infants.

Note: Lifepack 15 AED mode is not intended for use on patients <8 years old.

In all Cardiac arrest situations, consider treatable causes, [H's and T's](#)

- Hypoxia
- Hypovolemia
- Hypothermia
- Hyper Hypothermia
- Hydrogen ions (metabolic acidosis)
- Tension pneumothorax
- Tamponade
- Thrombosis (AMI or PE)
- Toxins / Tablets
- Trauma

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Resuscitation efforts may be terminated in the field with [MCEP](#) approval if the following conditions apply:

- ALS interventions have been implemented for at least 20 minutes, **and**
- No return of spontaneous circulation (ROSC) occurred, **and**
- The terminal rhythm is asystole or an agonal brady-asystolic rhythm (PEA) <40 bpm, **and**
- **The arrest is not the result of hypothermia**

Cardiac resuscitation attempts WILL NOT be terminated without [MCEP](#) approval.

	Heart Rate	Respiratory Rate	Systolic blood pressure
Newborn	100–160	30–60	50–70
1 to 6 weeks	100–160	30–60	70–95
6 months	90–120	25–40	80–100
1 years	90–120	20–30	80–100
3 years	80–120	20–30	80–100
6 years	70–100	18–25	80–110
10 years	60–90	16–22	90–120
12 years	60–90	15–20	105–135