

## PEDIATRIC RESPIRATORY ARREST



1. Establish and secure patient's airway.\*
2. Apply **bag valve mask** and ventilate with 100% O<sub>2</sub>,
3. Perform orotracheal intubation.
4. Assist ventilation, as needed, using adequate volume/pressure to make chest rise and breath sounds audible.
5. Monitor pulse oximetry, if available. Administer titrate O<sub>2</sub> and ventilate to maintain O<sub>2</sub> stats at ≥ 90%.
6. Establish IV/IO Access.
7. Administer NS at TKO rate.
8. Perform **blood glucose test**. If capillary blood glucose level is < 60, obtain blood sample and administer **50% dextrose** at 1 ml/kg IV/IO push. If patient < 1 year, dilute 1:1 with NS.
9. Administer **naloxone (Narcan®)** at 0.1 mg/kg IV/IO/IM<sup>†</sup>, up to a maximum dose of 2 mg.

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\*If airway positioning alone returns spontaneous respirations, oxygenate at high flow rate, and assist ventilations, as necessary. If spontaneous respirations do not return, ventilate with bag valve mask, and perform endotracheal intubation in a controlled manner. If airway is obstructed, follow **Airway Obstruction** protocol.

<sup>†</sup>This drug may be administered via the endotracheal tube if IV access cannot be established. The ET dose is double the IV dose. Narcan® may be administered via a Mucosal Atomization Device (MAD) at a dose of 0.1 mg/kg up to a total of 2 mg.