### BLS

- Assess level of consciousness
- O₂ Saturation prn
- Determine peripheral pulses
- Ensure patent airway, O₂ and/or ventilate prn

#### Unstable Dysrhythmia:
Includes heart rate as above and any of the following:
- Poor Perfusion (cyanosis, delayed capillary refill, mottling)  
  OR  
- Altered LOC, Dyspnea  
  OR  
- BP <{[(70+ (2 x age))]}
  OR  
- Diminished or Absent Peripheral Pulses

**Note:** Suspected dehydration and/or fever may cause tachycardias ≥200/min.
- Pulseless and unconscious, use AED if available. If pediatric pads not available, may use adult pads but ensure they do not touch each other when applied.
- When heart rate indicates and patient is unstable, ventilate per BVM for 30 seconds, reassess HR and begin compression if indicated:

| Heart rate: | <9yrs HR <60bpm | 9-14yrs HR <40bpm |

### ALS

- Monitor EKG
- IV/IO SO
- Fluid bolus IV/IO per drug chart with clear lungs SO. MR to maintain adequate perfusion SO

#### A. Unstable Bradycardia:
Heart rate:
- Infant/Child (<9yrs) <60bpm
- Child (9-14yrs) <40bpm
  - Ventilate per BVM for 30 seconds, then reassess HR prior to compressions and drug therapy.
  - Epinephrine 1:10,000 per drug chart IV/IO SO. MR x2 q3-5 minutes SO. MR q3-5 minutes BHPO
  - After 3rd dose of Epinephrine:
    - Atropine per drug chart IV/IO SO. MR x1 in 5 minutes SO

#### B. Unstable Supraventricular Tachycardia:
- <4yrs >220bpm
- >4yrs >180bpm
  - VSM per SO. MR SO
  - Adenosine per drug chart rapid IV BHPO follow with 20 ml NS IV
  - Adenosine per drug chart rapid IV BHPO follow with 20 ml NS IV
  - If no sustained rhythm change, MR x1 BHPO
  - Versed per drug chart IV prn precardioversion per BHPO
  - Synchronized cardioversion per drug chart** BHPO. MR per drug chart BHPO

#### C. Stable Supraventricular Tachycardia:
- Continue to monitor

#### D. Ventricular Tachycardia (VT):
- 12 Lead to confirm
- Contact BHPO for direction
**BLS**

- O₂ and/or ventilate prn
- CPR
  Begin compressions. After first 30 compressions, give first ventilations.
- Use AED if pulseless and unconscious, and AED is available. If pediatric pads not available, may use adult pads but ensure they do not touch each other when applied.

**ALS**

**E. VF/pulseless VT:**

- o Begin CPR. If arrest **witnessed** by medical personnel, perform CPR until ready to defibrillate. **If unwitnessed arrest, perform CPR x2 min.**
- o Defibrillate per drug chart** SO**
- o Resume CPR for 2 minutes immediately after shock
- o Perform no more than 5 second rhythm check, and pulse check if rhythm is organized
- o Defibrillate per drug chart** for persistent VF/pulseless VT prn** SO
- o Continue CPR for persistent VF/pulseless VT. Repeat 2 minute cycle followed by rhythm/pulse check, followed by defibrillation/medication, if indicated.
- o IV/IO **SO.** Do not interrupt CPR to establish IV/IO.

*Once IV/IO established, if no pulse after rhythm/pulse check:*

- o Epinephrine 1:10,000 per drug chart IV/IO MR x2 q3-5 minutes **SO.** MR q3-5 minutes **BHO**
- o After 1st shock if still refractory
- o Amiodarone per drug chart IV/IO MR x1 in 3-5 minutes **SO** OR
- o Lidocaine per drug chart IV/IO MR x1 in 3-5 minutes **SO**
- o BVM
- o Avoid interruption of CPR
- o Capnography monitoring **SO**
- o NG/OG prn **SO**

**Note:** For patients with a Capnography reading of less than 10 mm/Hg or patients in nonperfusing rhythms after resuscitative effort, consider early Base Hospital contact for disposition/pronouncement at scene.

- Medication should be administered as soon as possible after rhythm checks. The timing of drug delivery is less important than is the need to minimize interruptions in chest compressions.
- Flush IV line with Normal Saline after medication administration
- CPR should be performed during charging of defibrillator
- Use metronome rate of 110 for CPR

**Or according to defibrillator manufacturer’s recommendations**
**SUBJECT:** PEDIATRIC TREATMENT PROTOCOL - DYSRHYTHMIAS

**BLS**

- **O₂ and/or ventilate prn**
- **CPR**
  Begin compressions. After first 30 compressions, give first ventilations.

**ALS**

<table>
<thead>
<tr>
<th>F. <strong>Pulseless Electrical Activity (PEA)/Asystole:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Perform CPR x2 minutes</td>
</tr>
<tr>
<td>- Perform no more than 5 second rhythm check, and pulse check if rhythm is organized</td>
</tr>
<tr>
<td>- CPR for 2 minutes</td>
</tr>
<tr>
<td>- IV/IO SQ. Do not interrupt CPR to establish IV/IO.</td>
</tr>
</tbody>
</table>

Once IV/IO established, if no pulse after rhythm/pulse check:

- Epinephrine 1:10,000 per drug chart IV/IO. MR x2 in q3-5 minutes SQ. MR q3-5 minutes BHPO
- Fluid per drug chart IV/IO SQ may repeat x1
- BVM
- Capnography monitoring SQ
- NG/OG prn SQ
- Pronouncement at scene BHPO

**Note:** For patients with a Capnography reading of less than 10 mm/Hg or patients in nonperfusing rhythms after resuscitative effort, consider early Base Hospital contact for disposition/pronouncement at scene.

- Medication should be administered as soon as possible after rhythm checks. The timing of drug delivery is less important than is the need to minimize interruptions in chest compressions.
- Flush IV line with Normal Saline after medication administration
- CPR should be performed during charging of defibrillator