

COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES
 POLICY/PROCEDURE/PROTOCOL

No. S-163
 Page: 1 of 3

SUBJECT: PEDIATRIC TREATMENT PROTOCOL -
 DYSRHYTHMIAS

Date: 07/01/2018

BLS

ALS

<ul style="list-style-type: none"> • Assess level of consciousness • O₂ Saturation prn • Determine peripheral pulses • Ensure patent airway, O₂ and/or ventilate prn <p><u>Unstable Dysrhythmia:</u> <u>Includes heart rate as above and any of the following:</u></p> <ul style="list-style-type: none"> o Poor Perfusion (cyanosis, delayed capillary refill, mottling) OR o Altered LOC, Dyspnea OR o BP <[70+ (2 x age)] OR o Diminished or Absent Peripheral Pulses <p><u>Note:</u> Suspected dehydration and/or fever may cause tachycardias ≥200/min.</p> <ul style="list-style-type: none"> o 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. o When heart rate indicates and patient is unstable, ventilate per BVM for 30 seconds, reassess HR and begin compression if indicated: <p><u>Heart rate:</u> <9yrs HR <60bpm 9-14yrs HR <40bpm</p>	<ul style="list-style-type: none"> • Monitor EKG • IV/IO <u>SO</u> • Fluid bolus IV/IO per drug chart with clear lungs <u>SO</u>, MR to maintain adequate perfusion <u>SO</u> <p>A. <u>Unstable Bradycardia:</u> Heart rate: Infant/Child (<9yrs) <60bpm Child (9-14yrs) <40bpm</p> <ul style="list-style-type: none"> o Ventilate per BVM for 30 seconds, then reassess HR prior to compressions and drug therapy. o Epinephrine 1:10,000 per drug chart IV/IO <u>SO</u>. MR x2 q3-5 minutes <u>SO</u>. MR q3-5 minutes <u>BHO</u> <p><u>After 3rd dose of Epinephrine:</u></p> <ul style="list-style-type: none"> o Atropine per drug chart IV/IO <u>SO</u>. MR x1 in 5 minutes <u>SO</u> <p>B. <u>Unstable Supraventricular Tachycardia:</u> <4yrs ≥220bpm ≥4yrs ≥180bpm</p> <ul style="list-style-type: none"> o VSM per <u>SO</u>. MR <u>SO</u> o Adenosine per drug chart rapid IV <u>BHPO</u> follow with 20 ml NS IV o Adenosine per drug chart rapid IV <u>BHPO</u> follow with 20 ml NS IV o If no sustained rhythm change, MR x1 <u>BHPO</u> o Versed per drug chart IV prn precardioversion per <u>BHPO</u> o Synchronized cardioversion per drug chart** <u>BHPO</u>. MR per drug chart <u>BHPO</u> <p>C. <u>Stable Supraventricular Tachycardia:</u> o Continue to monitor</p> <p>D. <u>Ventricular Tachycardia (VT):</u> o 12 Lead to confirm o Contact <u>BHPO</u> for direction</p>
---	--

COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES
 POLICY/PROCEDURE/PROTOCOL

No. S-163
 Page: 2 of 3

SUBJECT: PEDIATRIC TREATMENT PROTOCOL -
 DYSRHYTHMIAS

Date: 07/01/2018

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

COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES
 POLICY/PROCEDURE/PROTOCOL

No. S-163
 Page: 3 of 3

SUBJECT: PEDIATRIC TREATMENT PROTOCOL -
 DYSRHYTHMIAS

Date: 07/01/2018

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