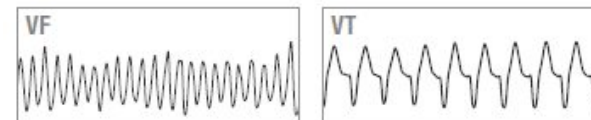


P 5 Cardiac Arrest – VF/VT



Shockable cardiac arrest

START

- 1 **Call for help and a code cart/defibrillator**
 - ▶ **Ask:** “Who will be the crisis manager?”
 - ▶ **Say:** “Shock patient as soon as defibrillator arrives.”
- 2 **Put backboard under patient, supine position**
- 3 **Turn FiO₂ to 100%, turn off volatile anesthetics**
- 4 **Start CPR – defibrillation – assessment cycle**
 - ▶ **Perform CPR**
 - “Hard and fast” about 100 compressions/min
 - Ensure full chest recoil with minimal interruptions, to about 1/3 of chest depth
 - 8-15 breaths/minute, do not over ventilate
 - ▶ **Defibrillate**
 - Shock at 2-4 joules/kg
 - Resume CPR immediately after shock
 - ▶ **Give epinephrine**
 - Repeat epinephrine every 3 – 5 minutes
 - Can give vasopressin to replace 1st or 2nd dose of epinephrine
 - ▶ **Consider giving antiarrhythmics for refractory VF/VT** (amiodarone preferred, if available)
 - ▶ **Assess every 2 minutes**
 - Change CPR compression provider
 - Treat reversible causes, consider reading aloud Hs & Ts (see list in right column)
 - Check rhythm; if rhythm organized check pulse

If: VF/VT continues: Resume CPR – defibrillation – assessment cycle (restart Step 4)

If: Asystole/PEA continues: Go to ▷ Pedi CHKLIST 4

 - Call Code Team if resources inadequate 662 -2345

DRUG DOSES and treatments

Epinephrine: 10 mcg/kg IV, every 3 – 5 mins.

ANTIARRHYTHMICS

Amiodarone: 5 mg/kg bolus; may require repeat x 2.

Lidocaine: 1 mg/kg bolus, MR x 2

DEFIBRILLATOR instructions

1. Place electrodes on chest.
2. Turn defibrillator ON, set to DEFIB mode, and increase ENERGY LEVEL
 - Use 2-4 Joules/kg
3. Deliver shock: press CHARGE then press SHOCK.

Hs & Ts

- | | | |
|--|---|--|
| <ul style="list-style-type: none"> • Hydrogen Ion (acidosis) • Hyperkalemia • Hypothermia • Hypovolemia • Hypoxia <ul style="list-style-type: none"> ○ Go to ▷Pedi CHKLIST 10 | <ul style="list-style-type: none"> • Tamponade (cardiac) • Tension pneumothax <ul style="list-style-type: none"> ○ Go to ▷ CHKLIST 19 • Thrombosis (pulmonary) <ul style="list-style-type: none"> ○ Pulmonary Embolism, Go to ▷ CHKLIST 21 • Thrombosis (coronary) <ul style="list-style-type: none"> ○ Myocardial Ischemia, Go to ▷ CHKLIST 10 | <ul style="list-style-type: none"> • Toxin (local anesthetic, beta blocker, calcium channel blocker) <ul style="list-style-type: none"> ○ Local Anesthetic Toxicity, Go to ▷ CHKLIST 15 |
|--|---|--|

During CPR

- Airway: Bag-mask sufficient (if ventilation adequate)
- Circulation:
 - Confirm adequate IV or IO access
 - Consider IV fluids wide open
- Assign roles: Chest compressions, Airway, Vascular access, Documentation, Code cart, Time keeping

All reasonable precautions have been taken to verify the information contained in this publication. The responsibility for the interpretation and use of the materials lies with the reader. Revised Jan 2013 (011613.1)
Updated for use at MMC on 11/13/13

PEDIATRIC CHECKLIST