



Pediatric Asystole/Pulseless Electrical Activity

INDICATION	<ul style="list-style-type: none"> Heart rhythm that should be producing a pulse, but is not (Pulseless Electrical Activity) or a total lack of heart activity as observed on ECG (Asystole).
BLS	<ul style="list-style-type: none"> Follow General Pediatric Care P-01.
ALS	<ul style="list-style-type: none"> Epinephrine (1:10,000): <i>Pediatric</i>: IV/IO; repeat every 3-5 minutes. Administer according to PediaTape weight calculation and Pediatric Cardiac Arrest Reference Cards. EMS personnel should attempt to identify possibly reversible cause of asystole/PEA: <ul style="list-style-type: none"> Hypovolemia Hypoxia or ventilation problem Hydrogen Ion (acidosis) Hypo/Hyperkalemia Hypothermia Toxins Tamponade (cardiac) Tension pneumothorax Thrombosis (coronary / pulmonary) Trauma (hypovolemia or elevated ICP)
KEY CONCEPTS	<ul style="list-style-type: none"> Establishment of IV/IO and medication administration should not interrupt chest compressions. Upon ROSC, maintain SpO₂ > 94% but < 100%. Capture first breath capnography and maintain throughout arrest. EMS personnel should initiate rapid transport and continue resuscitation on pediatric arrest patients.