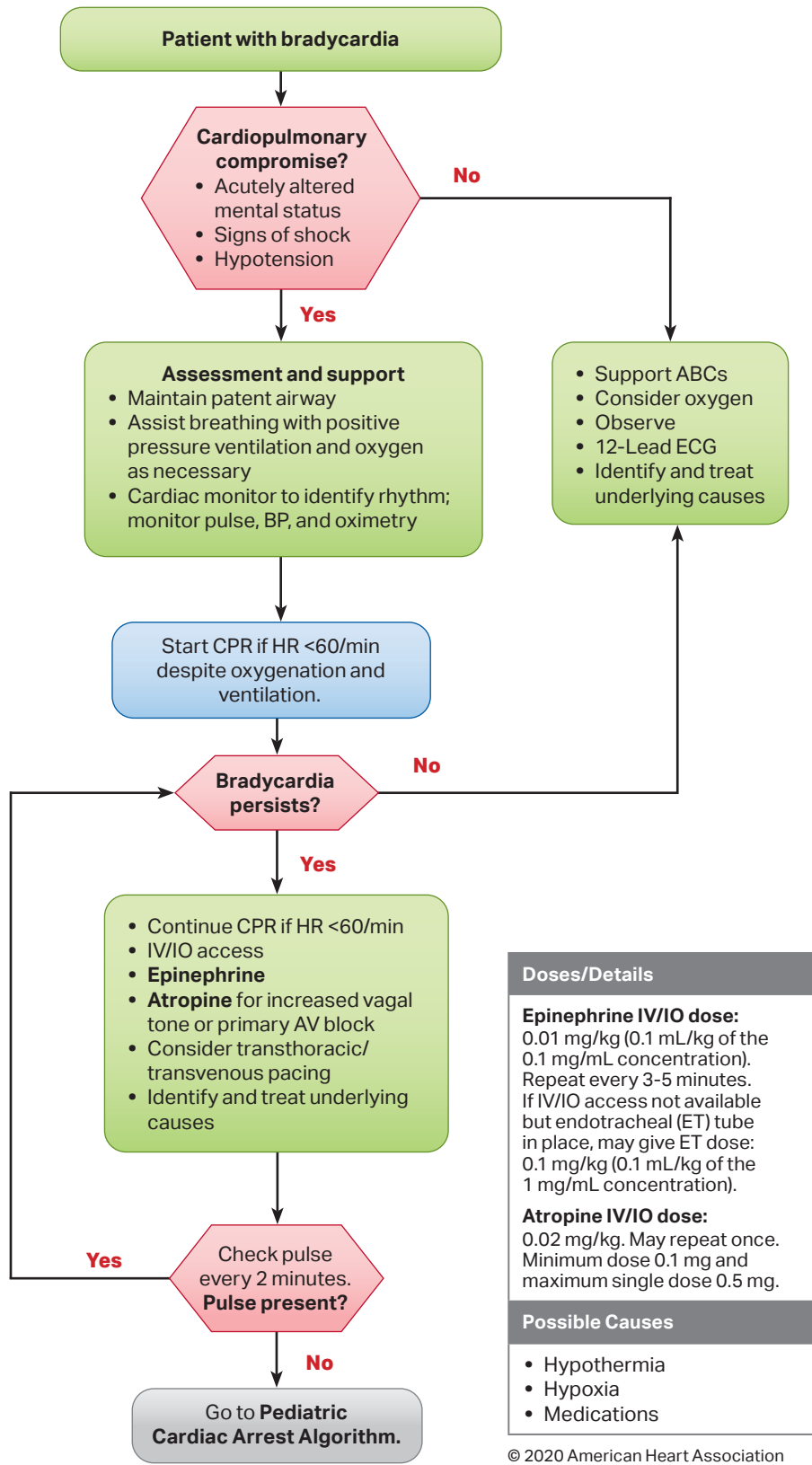
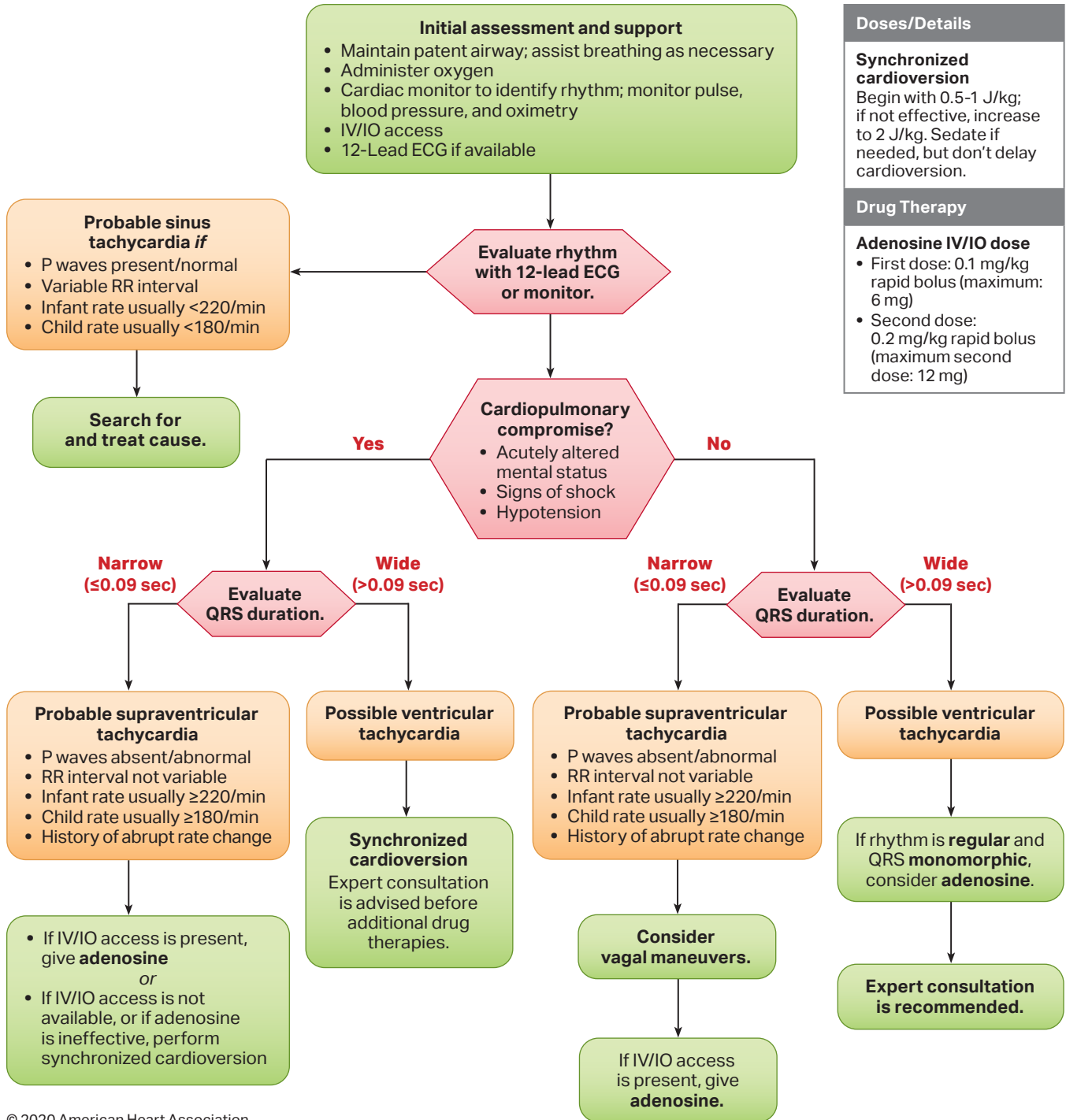


Pediatric Bradycardia With a Pulse Algorithm



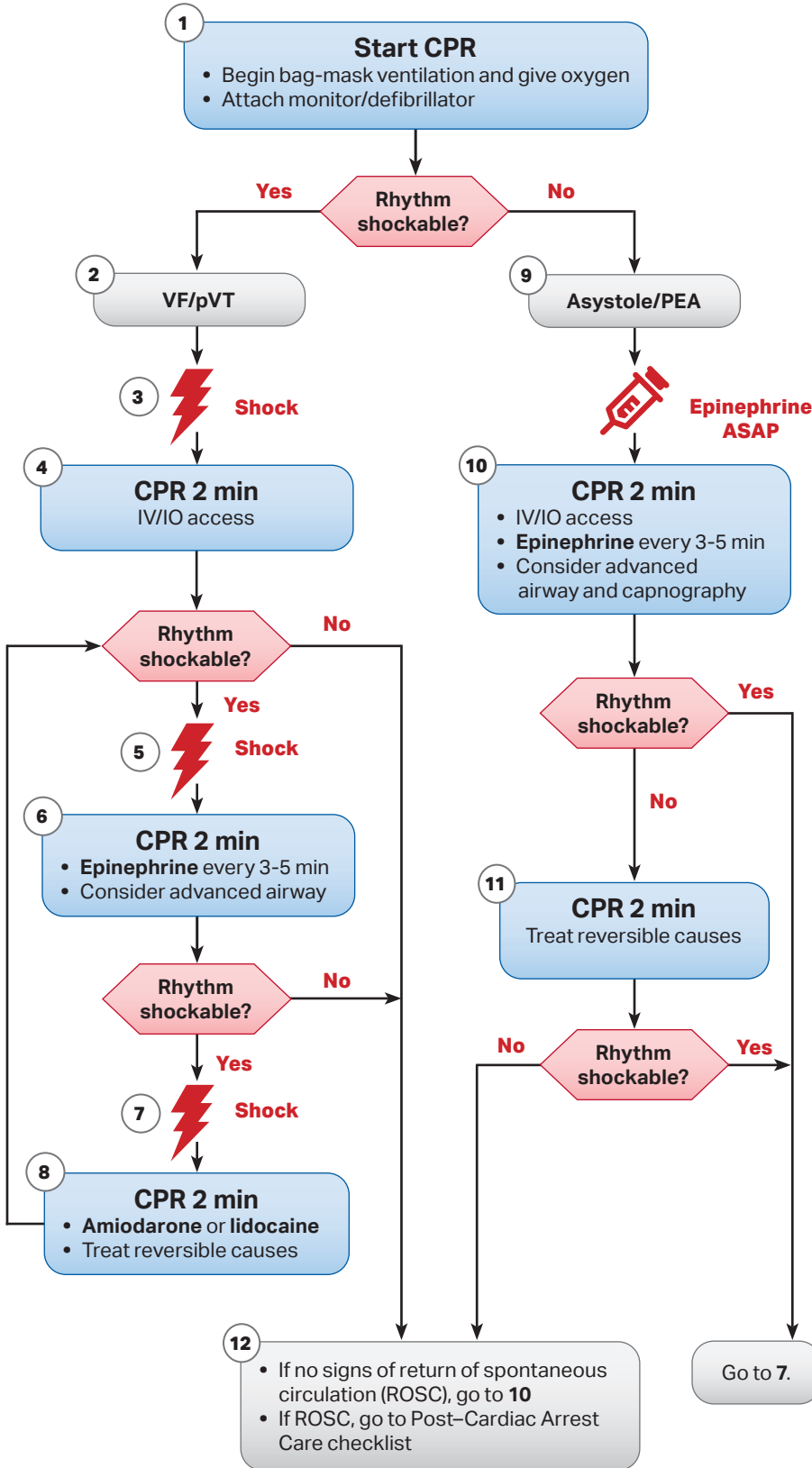
Doses/Details
<p>Epinephrine IV/IO dose: 0.01 mg/kg (0.1 mL/kg of the 0.1 mg/mL concentration). Repeat every 3-5 minutes. If IV/IO access not available but endotracheal (ET) tube in place, may give ET dose: 0.1 mg/kg (0.1 mL/kg of the 1 mg/mL concentration).</p> <p>Atropine IV/IO dose: 0.02 mg/kg. May repeat once. Minimum dose 0.1 mg and maximum single dose 0.5 mg.</p>
Possible Causes
<ul style="list-style-type: none"> • Hypothermia • Hypoxia • Medications

Pediatric Tachycardia With a Pulse Algorithm



Doses/Details
Synchronized cardioversion Begin with 0.5-1 J/kg; if not effective, increase to 2 J/kg. Sedate if needed, but don't delay cardioversion.
Drug Therapy
Adenosine IV/IO dose <ul style="list-style-type: none"> • First dose: 0.1 mg/kg rapid bolus (maximum: 6 mg) • Second dose: 0.2 mg/kg rapid bolus (maximum second dose: 12 mg)

Pediatric Cardiac Arrest Algorithm



CPR Quality

- Push hard ($\geq\frac{1}{3}$ of anteroposterior diameter of chest) and fast (100-120/min) and allow complete chest recoil
- Minimize interruptions in compressions
- Change compressor every 2 minutes, or sooner if fatigued
- If no advanced airway, 15:2 compression-ventilation ratio
- If advanced airway, provide continuous compressions and give a breath every 2-3 seconds

Shock Energy for Defibrillation

- First shock 2 J/kg
- Second shock 4 J/kg
- Subsequent shocks ≥ 4 J/kg, maximum 10 J/kg or adult dose

Drug Therapy

- **Epinephrine IV/IO dose:** 0.01 mg/kg (0.1 mL/kg of the 0.1 mg/mL concentration). Max dose 1 mg. Repeat every 3-5 minutes. If no IV/IO access, may give endotracheal dose: 0.1 mg/kg (0.1 mL/kg of the 1 mg/mL concentration).
- **Amiodarone IV/IO dose:** 5 mg/kg bolus during cardiac arrest. May repeat up to 3 total doses for refractory VF/pulseless VT or
- **Lidocaine IV/IO dose:** Initial: 1 mg/kg loading dose

Advanced Airway

- Endotracheal intubation or supraglottic advanced airway
- Waveform capnography or capnometry to confirm and monitor ET tube placement

Reversible Causes

- Hypovolemia
- Hypoxia
- Hydrogen ion (acidosis)
- Hypoglycemia
- Hypo-/hyperkalemia
- Hypothermia
- Tension pneumothorax
- Tamponade, cardiac
- Toxins
- Thrombosis, pulmonary
- Thrombosis, coronary