Pediatric Asystole / Pulseless Electrical Activity

During CPR, consider reversible causes of Asystole/PEA and treat as indicated. Causes and efforts to correct them include but are not limited to:

Hypovolemia – 20 ml/kg fluid bolus
Hypoxia – reassess airway and ventilate with high flow oxygen
Tension pneumothorax – see **Pleural Decompression Procedure**
Hypothermia – follow **Hypothermia Cardiac Arrest Protocol,** consider rapid transport
Hyperkalemia (history of renal failure) – Contact Medical Control, possible Calcium Chloride / Sodium Bicarbonate

Pre-Medical Control
PARAMEDIC

1. Follow the **Pediatric Cardiac Arrest - General Protocol.**
2. Confirm that patient is in asystole by evaluating more than one lead.
3. Administer Epinephrine 1:10,000, 0.01 mg/kg (0.1 ml/kg) IV/IO up to 1 mg (10 ml), repeat every 3-5 minutes.
4. Continue CPR for two minutes or 10 cycles and reassess rhythm.

Post-Medical Control
PARAMEDIC

1. In a dialysis patient hyperkalemia is likely. Administer Calcium Chloride 10 %, 20 mg/kg (0.2 ml/kg) IV/IO, maximum single dose 1 g, and Sodium Bicarbonate 1 mEq/kg IV/IO with 20 ml NS flush in between medications.