

**SAGINAW VALLEY
MEDICAL CONTROL AUTHORITY
PRACTICE PARAMETER**

PEDIATRIC VENTRICULAR FIBRILLATION & PULSELESS V-TACH

I. Assessment Information

- A. Assess adequacy of perfusion; level of consciousness, pulse, blood pressure and capillary refill.

FIRST RESPONDER

II. Management

- B. Evaluate and maintain airway, provide oxygenation and support ventilation as needed.
- C. Initiate **CPR**¹

BASIC LIFE SUPPORT

- D. Arrange for ALS Intercept.
- E. Initiate transport toward ALS intercept, if transporting unit.

NOTIFY RECEIVING FACILITY

ADVANCED LIFE SUPPORT

- F. If AED in place, continue operation until after the actively advised shock has completed and then apply monitor/defibrillator. **DO NOT** discontinue AED if actively providing a shock
- G. If AED was not in place, apply monitor/defibrillator. **DEFIBRILLATE one time @ 2J/KG** and immediately resume compressions.²
- H. **INTUBATE/Secure airway**³
- I. **IV/IO NORMAL SALINE @ TKO**
1. If intravenous access cannot be obtained in a child less than 6 years of age, in three attempts or 90 seconds has elapsed, proceed with intraosseous access.

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- I. **If Defibrillation Was Not Successful and still V-Fib Present:**
1. **EPINEPHRINE⁴**
 - a. **IV/IO=0.01 MG/KG of 1:10,000(10ml) IVP q 3-5min.⁵**
 1. Flush the medication port with 10 to 20 ml of intravenous fluid following each IV medication administration to aid entry of drugs into central circulation.
 2. **DEFIBRILLATE @ 4J/KG** and immediately resume compressions.
 3. **AMIODARONE 5 MG/KG IV/IO (MAXIMUM 300MG).**
 - a. **AMIODARONE** may be repeated up to **15 MG/KG or 300MG maximum total dose.**
 4. **DEFIBRILLATE @ 4J/kg** and immediately resume compressions.
- J. **If Defibrillation is Successful:**
1. If fibrillation reoccurs- defibrillate at energy level at which previous defibrillation was successful.

CONTACT MEDICAL CONTROL

- K. **Possible orders post-radio contact (Unsuccessful Defibrillation):**
5. **MAGNESIUM 50MG/KG IV/IO, maximum 2GM for suspected torsades de pointes.**
- L. **Possible orders post-radio contact (Successful Defibrillation):**
1. Other medications as directed by Medical Control

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¹ After each intervention, resume CPR immediately and reassess the rhythm after each 2 minute interval.

² Use pediatric system for 1-8 years of age.

³ Avoid significant interruptions in CPR.

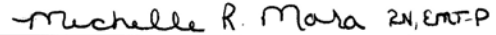
⁴ Maybe administered before or after defibrillations. Maybe given either IV, IO or endotracheal. When given endotracheal, chest compressions should be stopped. The drug solution should be sprayed quickly down the endotracheal tube and several quick insufflations should be given to aerosolize the medication and hasten absorption. Epinephrine may be repeated by doses identified above q3-5min.

⁵ If IV/IO access is unsuccessful, **ENDOTRACHEAL= 0.1 MG/KG of 1:1000 (use multidose vial with 1mg/cc concentration)**. If vascular access is obtained after giving an initial dose of epinephrine via endotracheal tube, give the second dose intravenously 3 to 5 minutes after the endotracheal dose.

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Medical Director



EMS Manager