



NYC REMAC

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The Regional Emergency Medical Advisory Committee (REMAC) of New York City has revised Advanced Life Support Protocol 553: Pediatric Non-Traumatic Cardiac Arrest. The revision is limited to moving the administration of atropine from medical control options to standing orders.

The following changes were made:

(New language is **double-underscored and bold**, deleted language is ~~**struck out and bold**~~)

New Standing order has been added, as follows:

5. **Administer Atropine Sulfate 0.02 mg/kg, IV/Saline Lock or IO bolus or via the Endotracheal Tube. Minimum dose is 0.10 mg, maximum dose is 1 mg. (See Broselow Tape or Appendix J.)**

Old Medical Control Option has been deleted, as follows:

~~**OPTION D: Administer Atropine Sulfate 0.02 mg/kg, IV/Saline Lock or IO bolus or via the Endotracheal Tube. Minimum dose is 0.10 mg, maximum dose is 1 mg. (See Broselow Tape or Appendix J.)**~~

Remaining Standing Orders and Medical Control Options will be re-numbered accordingly.

Attached is a copy of the revised ALS Protocol # 553 – Pediatric Non-Traumatic Cardiac Arrest.

Owners/operators of Ambulance and ALS First Response Services providing prehospital medical treatment within the five boroughs of the City of New York are responsible to provide copies of the NYC REMAC Prehospital Treatment Protocols to their personnel, and to ensure that Service Medical Directors and EMS personnel are informed of all changes/updates to the NYC REMAC Prehospital Treatment Protocols.

This revised protocol revision will be effective July 1, 2005.

Lewis W. Marshall, Jr., MD, JD
Chair

Regional Emergency Medical Advisory Committee of New York City

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PEDIATRIC NON-TRAUMATIC CARDIAC ARREST

1. Begin Basic Life Support Pediatric Non-Traumatic Cardiac Arrest procedures.
2. Begin Cardiac Monitoring, record and evaluate EKG rhythm.
 - a. If in ventricular fibrillation or pulseless ventricular tachycardia, immediately Defibrillate at 2 joules/kg, using paddles of appropriate size. (See Broselow Tape or Appendix J.)
 - b. If still in ventricular fibrillation or pulseless ventricular tachycardia, immediately repeat Defibrillation at 4 joules/kg, using paddles of appropriate size. (See Broselow Tape or Appendix J.)
 - c. If still in ventricular fibrillation or pulseless ventricular tachycardia, immediately repeat Defibrillation at 4 joules/kg, using paddles of appropriate size. (See Broselow Tape or Appendix J.)

NOTE: IF THE DEFIBRILLATOR IS UNABLE TO DELIVER THE RECOMMENDED DOSE, USE THE LOWEST AVAILABLE SETTING.

3. Perform Endotracheal Intubation, if less invasive methods of airway management are not effective.

During transport, or if transport is delayed:

4. If the patient is intubated, administer Epinephrine 0.1 mg/kg (0.1 ml/kg of a 1:1,000 solution), via the Endotracheal Tube. (See Broselow Tape or Appendix J.)
5. Administer Atropine Sulfate 0.02 mg/kg, IV/Saline Lock or IO bolus or via the Endotracheal Tube. Minimum dose is 0.10 mg, maximum dose is 1 mg. (See Broselow Tape or Appendix J.)
6. If abdominal distention occurs, pass a Nasogastric Tube. If unsuccessful, pass an Orogastic Tube.
7. Begin an IV or IO infusion of Normal Saline (0.9% NS) to keep vein open, or a Saline Lock. Attempt vascular access no more than twice.
8. Repeat Epinephrine 0.01 mg/kg (0.1 ml/kg of a 1:10,000 solution) IV/Saline Lock or IO bolus, repeat as needed. (See Broselow Tape or Appendix J.)

OR

If vascular access has not been established, administer epinephrine 0.1 mg/kg (0.1 ml/kg of a 1:1,000 solution) via the Endotracheal Tube. (See Broselow Tape or Appendix J.)

NOTE: THE STANDARD DOSE OF EPINEPHRINE FOR PEDIATRIC PATIENTS IS 0.01 MG/KG (0.1 ML/KG OF A 1:10,000 SOLUTION). HIGH DOSE EPINEPHRINE FOR PEDIATRIC PATIENTS IS 0.1 MG/KG (0.1 ML/KG OF A 1:1,000 SOLUTION).

9. If there is insufficient improvement in hemodynamic status, contact Medical Control for implementation of one or more of the following MEDICAL CONTROL OPTIONS:

MEDICAL CONTROL OPTIONS:

- OPTION A:** Repeat any of the above Standing Orders.
- OPTION B:** Administer Epinephrine 0.1 mg/kg, IV/Saline Lock or IO bolus. (See Broselow Tape or Appendix J.)
- OPTION C:** Administer Lidocaine 1 mg/kg, IV/Saline Lock or IO bolus, or via the Endotracheal Tube. (See Broselow Tape or Appendix J.)
- OR
- Administer Amiodarone 5 mg/kg, IV/Saline Lock or IO bolus. (See Broselow Tape or Appendix J.)
- OPTION D:** Administer Naloxone 2 mg IV/Saline Lock or IO bolus, or via the Endotracheal Tube, in patients two years of age or older. Use half the amount (1 mg) of this drug in patients less than two (2) years of age. (See Appendix J.)
- OPTION E:** Administer Dextrose 0.5 gm/kg, IV/Saline Lock or IO bolus. Use 10% Dextrose in patients less or equal to one (1) month of age. Use 25% Dextrose in patients greater than one (1) month of age and less than 14 years of age. (See Broselow Tape or Appendix J.)
- OPTION F:** Administer Sodium Bicarbonate 1 mEq/kg, IV/Saline Lock or IO bolus. (See Broselow Tape or Appendix J.)
- OPTION G:** Begin rapid IV/Saline Lock, or IO infusion of Normal Saline (0.9% NS), 20 ml/kg. (See Broselow Tape or Appendix J.)
- OPTION H:** Transportation Decision.