POLICY: 555.13
TITLE: Pediatric Asystole

EFFECTIVE: 7/1/2018
REVIEW: 7/2023
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

PEDIATRIC ASYSTOLE

I. AUTHORITY: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9

II. PURPOSE: To serve as the treatment standard for EMRs, EMTs, AEMTS and Paramedics within their scope of practice.

III. PROTOCOL:

Asystole represents the total absence of electrical activity in the heart. There is no rhythm, although an occasional P wave or QRS may be seen. Heart rate is less than five beats per minute. Note: Asystole should be confirmed by at least two leads, since low-amplitude ventricular fibrillation can mimic asystole.

For the majority of children, asystole represents death, not a treatable arrhythmia. Look for the few patients with treatable causes.

STANDING ORDERS	
ASSESS	CAB
CPR	In an un-witnessed arrest or when no CPR has been initiated by bystanders give 5 cycles of CPR (about 2 minutes). Minimize interruptions in compression as much as possible.
SECURE AIRWAY	Using the simplest effective method. A BLS airway with objective evidence of good ventilation and oxygenation is adequate and acceptable. Refer to Policy 554.00 – General Protocols.
IV/IO ACCESS	TKO with microdrip tubing and volume control chamber.
CONSIDER TREATABLE CAUSES	Hypoxia (oxygenate) Hypothermia (Rewarm. Refer to Hypothermia Protocol 555.62) Hyperkalemia (sodium bicarbonate, calcium chloride)
EPINEPHRINE	0.01 mg/kg of 1:10,000 IV/IO. Repeat every 3 minutes.
BASE PHYSICIAN ORDERS	
DECLARATION OF DEATH	After 3 doses of epinephrine, if no reversible causes are identified.