



POLICY: 555.83  
 TITLE: Pediatric Traumatic Cardiac Arrest

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

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

PAGE: 1 of 1

**PEDIATRIC TRAUMATIC CARDIAC ARREST**

- I. AUTHORITY: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE: To serve as a patient treatment standard for EMRs, EMTs, AEMTs and Paramedics within their scope of practice.
- III. PROTOCOL:

<b>STANDING ORDERS</b>	
<b>ASSESS</b>	CAB
<b>CPR</b>	Do not delay transport even if CPR has to be interrupted. Minimize interruptions in compressions as much as possible.
<b>MONITOR</b>	For V-Fib or Pulseless V-Tach refer to Pediatric Protocol 555.11
<b>SECURE AIRWAY</b>	Using the simplest effective method while maintaining c-spine. A BLS airway with objective evidence of good ventilation and oxygenation is adequate and acceptable. Refer to Policy 554.00 – General Protocols.
<b>OXYGEN</b>	Ventilate with bag-valve or approved ventilator and 100% oxygen.
<b>SPINE IMMOBILIZATION</b>	If indicated, refer to Policy 554.80 – Selective Spinal Movement Restriction.
<b>CONTROL OBVIOUS BLEEDING</b>	Consider tourniquet for uncontrolled extremity hemorrhage.
<b>IV/IO ACCESS</b>	Start two large-bore cannulas with volume control chambers. Give 20 ml/kg fluid boluses. Repeat x 2. Reassess the patient after each bolus administration.
<b>CONSIDER</b>	
<b>TENSION PNEUMOTHORAX</b>	For tension pneumothorax, on affected side in second intercostal space in midclavicular line. Perform on other side if no response to treatment and tension pneumothorax physiology persists. Secure catheter to chest.
<b>BASE PHYSICIAN ORDERS</b>	
<b>DETERMINATION OF DEATH</b>	Refer to Determination of Death policy 570.20 for obvious death criteria.