BASE GUIDELINES

1. During resuscitation attempts, interruption of chest compressions should always be held to a minimum when the patient is in a pulseless state.

2. AED electrode pads are most effective for children when placed in the anterolateral position.

3. Agonal gasps are not adequate breathing and when accompanied with a pulseless state the patient should be considered to be in full cardiopulmonary arrest.

4. Consider and treat reversible causes:
   - Hypovolemia*
   - Hypoglycemia
   - Hypoxia
   - Acidosis
   - Tension pneumothorax
   - Toxins
   * For suspected hypovolemia, give:
     - Normal Saline 20 mL/kg fluid bolus
       - Maximum single dose 250 mL
       - May repeat 2 times to maintain perfusion

5. Do not give adenosine when the rhythm is wide complex QRS and irregular, this can result in worsening of cardiac status.

Unstable Narrow Complex Tachycardia – Rate 220/min and above

Signs of poor perfusion, hypotension:

- Adenosine rapid IV over 1-3 seconds
  - 1st Dose Adenosine 0.1 mg/kg (maximum 6 mg)
  - 2nd Dose Adenosine 0.2 mg/kg (maximum 12 mg)
  - May repeat once

Systolic BP < 80, altered LOC, or signs of poor perfusion:

- Cardioversion 1 J/kg (do not delay for IV access if deteriorating)

Consider Sedation for Cardioversion if SBP is greater than 80 mmHg:

- Midazolam (Versed™) 0.1 mg/kg IN/IM
  - Maximum single dose 5 mg (1 mL)

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