

## Respiratory Arrest w/pulse

**CAB** - call for code cart

### “OMI”

- O - Oxygenation (ET/supraglottic)
- M - Monitoring equipment (EKG/capnography)
- I - IV/IO

### Stable versus Unstable

Look for causes (toxins, infection, foreign body, etc.)

## Bradycardia

**CAB** - call for code cart

*\*Begin CPR if heart rate <60/min in infants*

### “OMI”

- O – Oxygenation (consider cannula/mask, ET or supraglottic, depending on status)
- M – Monitoring equipment (EKG/capnography)
- I – IV / IO

### Stable versus Unstable

- **Stable** (Consider underlying causes and 12 lead EKG)
- **Unstable**
  - Pharmacologic Therapy
    - Epinephrine - 0.01 mg/kg, 1:10,000 IV/IO or 0.1 ml/kg, 1:10,000 IV/IO – Max. dose 1 mg
    - Atropine - 0.02 mg/kg Min. dose = 0.1 mg, (max. single dose = 0.5 mg)
  - Electrical Therapy
    - Transcutaneous Pacing (TCP)

## Asystole

**CAB** - call for code cart

### “ICEM”

- IV / IO
- CPR –
  - No advanced airway, 15:2 comp/ventilation
  - If advanced airway, continue compressions, ventilating q 2-3 seconds
- ET (also consider supraglottic device)
- Monitor (EKG/capnography)
- Confirm in two leads
- Pharmacologic Therapy
  - Epinephrine - 0.01 mg/kg, 1:10,000 IV/IO or 0.1 ml/kg, 1:10,000 IV/IO – Max. dose 1 mg
- Consider causes (hypoxia, toxins, hypothermia, etc.)

## Newborn Resuscitation

- Dry, warm, position, suction, stimulate
- Oxygenation (go to next step if HR < 100)
- Ventilation w/BVM or ET prn (go to next step if HR < 60)
- Chest compressions (if no response, go to meds)
- Medications (based on rhythm)

# AIEME

ASSOCIATES IN EMERGENCY  
MEDICAL EDUCATION, INC.



*“Ad Majorem Dei Gloriam”*

813.949.9282 • [www.AIEME.com](http://www.AIEME.com)

## PALS Algorithm Summary Page© 2025 AHA guidelines

### V-Fib / Pulseless VT

**CAB** - call for code cart

### “ICEM”

- IV / IO
- CPR –
  - No advanced airway, 15:2 comp/ventilation
  - Advanced airway, continuous compressions, ventilate q 2-3 seconds
- ET (or supraglottic device, capnography)
- Monitor
- Confirm rhythm w/arrival of defibrillator
- Electrical intervention (immediate)
  - Defib at 2j/kg, no change then 2 min CPR, defib 4 j/kg, no change, consider > 4j/kg, or adult dose, max dose 10j/kg
- Pharmacologic Therapy (after 2 min CPR)
  - Epinephrine - 0.01 mg/kg, 1:10,000 IV/IO or 0.1 ml/kg, 1:10,000 IV/IO – Max. dose 1 mg
  - Lidocaine - 1 mg/kg
  - Amiodarone - 5 mg/kg (max of 15 mg/kg)

### Pulseless Electrical Activity

**CAB** - call for code cart

### “ICEM”

- IV / IO
- CPR –
  - No advanced airway, 15:2 comp/ventilation
  - Advanced airway, continuous compressions, ventilate 2-3 seconds
- ET (or supraglottic device)
- Monitor
- Pharmacologic Therapy
  - Epinephrine - 0.01 mg/kg, 1:10,000 IV/IO or 0.1 ml/kg, 1:10,000 IV/IO – Max. dose 1 mg
- Consider causes (volume, trauma, electrolytes, pH, etc.)

## Supraventricular Tachycardia Narrow Complex

(QRS ≤ 0.09) Rate > 220 in infants / > 180 in children

**CAB**

### “ OMI”

### - Stable versus Unstable

#### - Stable

- Vagal / Pharmacologic therapy
  - Vagal maneuvers (Valsalva, carotid massage, etc.)
  - Adenosine 0.1 mg/kg (max 6 mg)
    - 2<sup>nd</sup> dose prn 0.2 mg/kg (max 12 mg)
- \*Caution w/pulm pts*

#### - Unstable

- Sedation if clinical status permits
- Cardioversion 0.5 j/kg to 1 j/kg, then repeat at 2 j/kg if unsuccessful
- Assess potential causes (WPW, cocaine, etc.)

## Ventricular Tachycardia (QRS ≥ 0.09 sec)

**CAB**

### “ OMI”

### Stable versus Unstable

- **Stable** (Seek expert consultation)
- **Unstable**
  - Sedation if clinical status permits
  - Cardioversion 0.5 j/kg to 1 j/kg, then repeat at 2 j/kg if unsuccessful

## Fluid Therapy

- 20 ml/kg bolus of LR or normal saline repeated x 3 (10 ml/kg if known cardiogenic shock)
- Consider other volume expanders and causes

## Other Medications

- Dopamine - 2 to 20 µg/kg/min
- Glucose - 0.5 to 1 g/kg of D25 % conc (children)
- Narcan - 0.1 mg/kg
- Sodium Bicarbonate - 1 mEq/kg

## General Guidelines -

- ABG Norms - pH 7.35 - 7.45, pO<sub>2</sub> 80-100, pCO<sub>2</sub> 35-45, O<sub>2</sub> sat 95% (room air)
- Lowest Acceptable BP for children = 70+ (2 x age in yrs)
- Lowest Acceptable BP for infants = perform MAP (2 diastolic +1 systolic number ÷ 3 = Calculated MAP). MAP should at least equal gestational age in weeks.
- Capillary Refill Test = 2 seconds (consider cold effect, movement)
- Resp Rate Norms (Infant 20-40, Children 15-30)
- Heart Rate Norms (Infant 100-200, Children 70-150)

Updated October 2025 – Material subject to change