POLICY: 555.22
TITLE: Pediatric Respiratory Arrest

EFFECTIVE: 07/01/2024
REVIEW: 07/2027
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

PEDIATRIC RESPIRATORY 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, and Paramedics within their scope of practice.

III. PROTOCOL

Provider Key: F = First Responder/EMR E = EMT O = EMT Local Optional SOP
P = Paramedic D = Base Hospital Physician Order Required

	F	E	O	P	D
ASSESSMENT	X	X	X	X	
POSITION AIRWAY: observe for return of spontaneous respiration.	X	X	X	X	
OXYGEN: 100% by non-rebreather mask or blow-by.					
BLS AIRWAY: okay if airway patent. Support ventilations with appropriate airway adjuncts.	X	X	X	X	
SUPRAGLOTTIC AIRWAY: if GCS is < 8 and not rapidly improving.				X	
PULSE OXIMETRY: apply and monitor.		X	X	X	
CAPNOGRAPHY: apply and monitor if SGA in place.				X	
ECG MONITOR: lead placement may be delegated. Treat as indicated.				X	
VASCULAR ACCESS: IV/IO, rate as indicated.				X	
TEST FOR GLUCOSE		X	X	X	
D10: 2 – 4 mL/kg IV/IO if blood sugar < 70 mg/dL for age > 28 days old or 2 mL/kg IV/IO if blood sugar < 40 mg/dL age ≤ 28 days old. Recheck blood glucose 10 minutes post infusion and repeat as needed.				X	
CONSIDER					
AIRWAY OBSTRUCTION: Refer to 555.21 PREDIATRIC AIRWAY OBSTRUCTION BY FOREIGN BODY.	X	X	X	X	
NALOXONE: one spray pre-packaged IN (typically 2 – 4 mg) for respiratory depression. If opioid overdose is suspected, may repeat every 2 – 3 minutes in alternating nostrils, to a total of 12 mg. Consider alternate cause of obtundation/respiratory depression if ineffective.		X	X	X	
NALOXONE: 0.1 mg/kg IN/IM/IV/IO if mental status & respiratory effort are depressed & the child is not a newborn & there is a suspicion of opioid overdose. Maximum single dose 2 mg. Repeat every 5 minutes if indicated.				X	