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Field Treatment

1. Basic airway
2. Direct laryngoscopy prn and Magill Forceps if foreign body noted
3. Oxygen/Assist respirations – **avoid hyperventilation**
4. CPR ①
5. Cardiac monitor/document rhythm and attach EKG/ECG strip
6. Advanced airway prn ②

ASYSTOLE/PULSELESS ELECTRICAL ACTIVITY (PEA)

7. Venous access ④
8. **Epinephrine** (1:10,000) **0.01mg/kg IV/IO** ❶
9. Consider possible causes and treat appropriately ⑤ ⑥

V-FIB/PULSELESS V-TACH

7. Defibrillate at 2J/kg ① ③
8. Venous access ④
9. **Epinephrine** (1:10,000) **0.01mg/kg IV/IO** ❶ ❷
10. Defibrillate at 4J/kg ①
11. **Amiodarone 5mg/kg IV/IO** ❸
12. Defibrillate at 4J/kg ①
13. **Epinephrine** (1:10,000) **0.01mg/kg IV/IO** ❶ ❷
14. Defibrillate at 4J/kg ①
15. **Amiodarone 5mg/kg IV/IO** ❸
16. Defibrillate at 4J/kg ①

Note: ⑤ ⑥

17. **Epinephrine** (1:10,000) **0.01mg/kg IV/IO** ❶ ❷
18. Defibrillate at 4J/kg ①
19. **Amiodarone 5mg/kg IV/IO** ❸
20. Defibrillate at 4J/kg ①

Drug Considerations

Epinephrine

❶ May repeat (1:10,000) **0.01mg/kg** IV/IO, may repeat every 3-5 minutes

❷ Maximum single dose 1mg

See **Color Code Drug Doses/ L.A. County Kids**

Amiodarone

❸ Total maximum single dose: 300mg

❹ Total maximum overall dose: 15mg/kg

See **Color Code Drug Doses/ L.A. County Kids**

Special Considerations

① Immediately resume CPR after defibrillation for 2 minutes (5 cycles) before rhythm/pulse check

② ET placement approved for patients ≥12 years of age **OR** ≥40 kg

③ Monophasic or biphasic

④ If IV access is not possible, place IO (if available)

⑤ Consider possibility of hypoxia, hypovolemia, cardiac tamponade, tension pneumothorax, acidosis, hypothermia, drug overdose or pulmonary embolus

⑥ Drugs to consider for specific history:

- ✔ Diabetic with hypoglycemia - **dextrose** IV/IO
- ✔ Narcotic overdose - **naloxone** IV/IO or IM
- ✔ Dialysis patient or calcium channel blocker toxicity - **calcium chloride** IV/IO

See **Color Code Drug Doses/ L.A. County Kids**