



POLICY: 555.22
TITLE: Pediatric Respiratory Arrest

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

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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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 the treatment standard for EMRs, EMTs, AEMTs and Paramedics within their scope of practice.
- III. PROTOCOL:

STANDING ORDERS

ASSESS	CAB
SECURE AIRWAY	Using the simplest effective method. A BLS airway with objective evidence of good ventilation and oxygenation is adequate and acceptable. Refer to Policy 554.00 – General Protocols.
MONITOR	Treat rhythm as appropriate.
IV/IO ACCESS	TKO with microdrip tubing and volume control chamber.
ACCUCHECK	Test for glucose. Refer to Policy 555.31 – PED ALOC, if blood sugar less than 60 mg/dL.
CONSIDER	
AIRWAY OBSTRUCTION	Refer to Policy 555.21 – Pediatric Airway Obstruction.
NALOXONE	0.1 mg/kg IV/IO/IM, if mental status and respiratory effort are depressed, the patient is not a newborn and there is a strong suspicion of opiate overdose. Maximum single dose 2 mg. May repeat once in 3 minutes if partial response to treatment.