



# Pediatric Pulseless Arrest



<b>History:</b>	<b>Signs and Symptoms:</b>	<b>Differential:</b>
<ul style="list-style-type: none"> <li>• Time of arrest</li> <li>• Medical history</li> <li>• Medications</li> <li>• Possibility of foreign body</li> <li>• Hypothermia</li> </ul>	<ul style="list-style-type: none"> <li>• Unresponsive</li> <li>• Cardiac arrest</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Respiratory failure</b> Foreign body Secretions Infection (croup, epiglottitis)</li> <li>• <b>Hypovolemia (dehydration)</b></li> <li>• <b>Congenital heart disease</b></li> <li>• <b>Trauma</b></li> <li>• <b>Tension pneumothorax</b></li> <li>• <b>Hypothermia</b></li> <li>• <b>Toxin or medication</b></li> <li>• <b>Hypoglycemia</b></li> <li>• <b>Acidosis</b></li> </ul>



<p><b>Pearls:</b></p> <ul style="list-style-type: none"> <li>• <b>Exam: Mental Status</b></li> <li>• Monophasic and Biphasic waveform defibrillators should use the same energy levels noted above.</li> <li>• In order to be successful in pediatric arrests, a cause must be identified and corrected.</li> <li>• Airway is the most important intervention. This should be accomplished immediately. Patient survival is often dependent on airway management success.</li> </ul>
--