

During Evaluation	Treat possible contributing factors:	
• Secure, verify airway and vascular access when possible	- Hypovolemia	- Toxins
• Consider expert consultation	- Hypoxia	- Tamponade, cardiac
• Prepare for cardioversion	- Hydrogen ion (acidosis)	- Tension pneumothorax
	- Hypo-/hyperkalemia	- Thrombosis (coronary or pulmonary)
	- Hypoglycemia	- Trauma (hypovolemia)
	- Hypothermia	

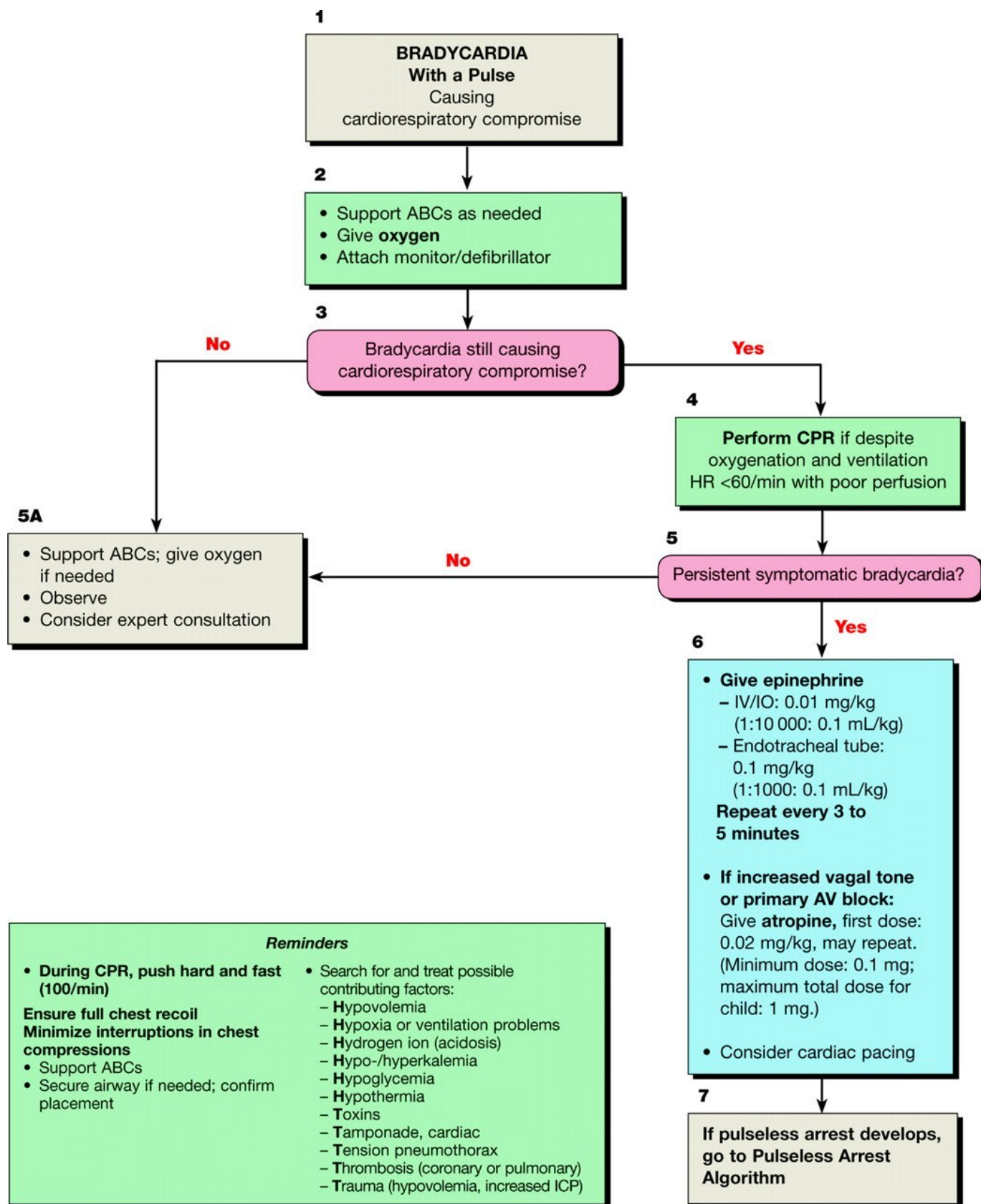


TABLE 1. Medications for Pediatric Resuscitation and Arrhythmias

Medication	Dose	Remarks
Adenosine	0.1 mg/kg (maximum 6 mg) Repeat: 0.2 mg/kg (maximum 12 mg)	Monitor ECG Rapid IV/IO bolus
Amiodarone	5 mg/kg IV/IO; repeat up to 15 mg/kg Maximum: 300 mg	Monitor ECG and blood pressure Adjust administration rate to urgency (give more slowly when perfusing rhythm present) Use caution when administering with other drugs that prolong QT (consider expert consultation)
Atropine	0.02 mg/kg IV/IO 0.03 mg/kg ET* Repeat once if needed Minimum dose: 0.1 mg Maximum single dose: Child 0.5 mg Adolescent 1 mg	Higher doses may be used with organophosphate poisoning
Calcium chloride (10%)	20 mg/kg IV/IO (0.2 mL/kg)	Slowly Adult dose: 5–10 mL
Epinephrine	0.01 mg/kg (0.1 mL/kg 1:10 000) IV/IO 0.1 mg/kg (0.1 mL/kg 1:1000) ET* Maximum dose: 1 mg IV/IO; 10 mg ET	May repeat q 3–5 min
Glucose	0.5–1 g/kg IV/IO	D ₁₀ W: 5–10 mL/kg D ₂₅ W: 2–4 mL/kg D ₅₀ W: 1–2 mL/kg
Lidocaine	Bolus: 1 mg/kg IV/IO Maximum dose: 100 mg Infusion: 20–50 µg/kg per minute ET*: 2–3 mg	
Magnesium sulfate	25–50 mg/kg IV/IO over 10–20 min; faster in torsades Maximum dose: 2g	
Naloxone	<5 y or ≤20 kg: 0.1 mg/kg IV/IO/ET*	Use lower doses to reverse respiratory depression associated with therapeutic opioid

	≥5 y or >20 kg: 2 mg IV/IO/ET*	
Procainamide	15 mg/kg IV/IO over 30–60 min Adult dose: 20 mg/min IV infusion up to total maximum dose 17 mg/kg	Monitor ECG and blood pressure Use caution when administering with other drugs that prolong QT (consider expert consultation)
Sodium bicarbonate	1 mEq/kg per dose IV/IO slowly	After adequate ventilation

IV indicates intravenous; IO, intraosseous; and ET, via endotracheal tube.
*Flush with 5 mL of normal saline and follow with 5 ventilations.

TABLE 2. Medications to Maintain Cardiac Output and for Postresuscitation Stabilization

Medication	Dose Range	Comment
Inamrinone	0.75–1 mg/kg IV/IO over 5 minutes; may repeat x 2; then: 2–20 µg/kg per minute	Inodilator
Dobutamine	2–20 µg/kg per minute IV/IO	Inotrope; vasodilator
Dopamine	2–20 µg/kg per minute IV/IO	Inotrope; chronotrope; renal and splanchnic vasodilator in low doses; pressor in high doses
Epinephrine	0.1–1 µg/kg per minute IV/IO	Inotrope; chronotrope; vasodilator in low doses; pressor in higher doses
Milrinone	50–75 µg/kg IV/IO over 10–60 min then 0.5–0.75 µg/kg per minute	Inodilator
Norepinephrine	0.1–2 µg/kg per minute	Inotrope; vasopressor
Sodium nitroprusside	1–8 µg/kg per minute	Vasodilator; prepare only in D ₅ W

IV indicates intravenous; and IO, intraosseous.
Alternative formula for calculating an infusion:
Infusion rate (mL/h) = [weight (kg) x dose (µg/kg/min) x 60 (min/h)]/concentration µg/mL).