Pediatric General References

In the TEMS Region, the OMDs have determined that the age of a pediatric patient is 14 years and younger and/or 55 kg.

Table 7.5.1 Pediatric Vital Signs

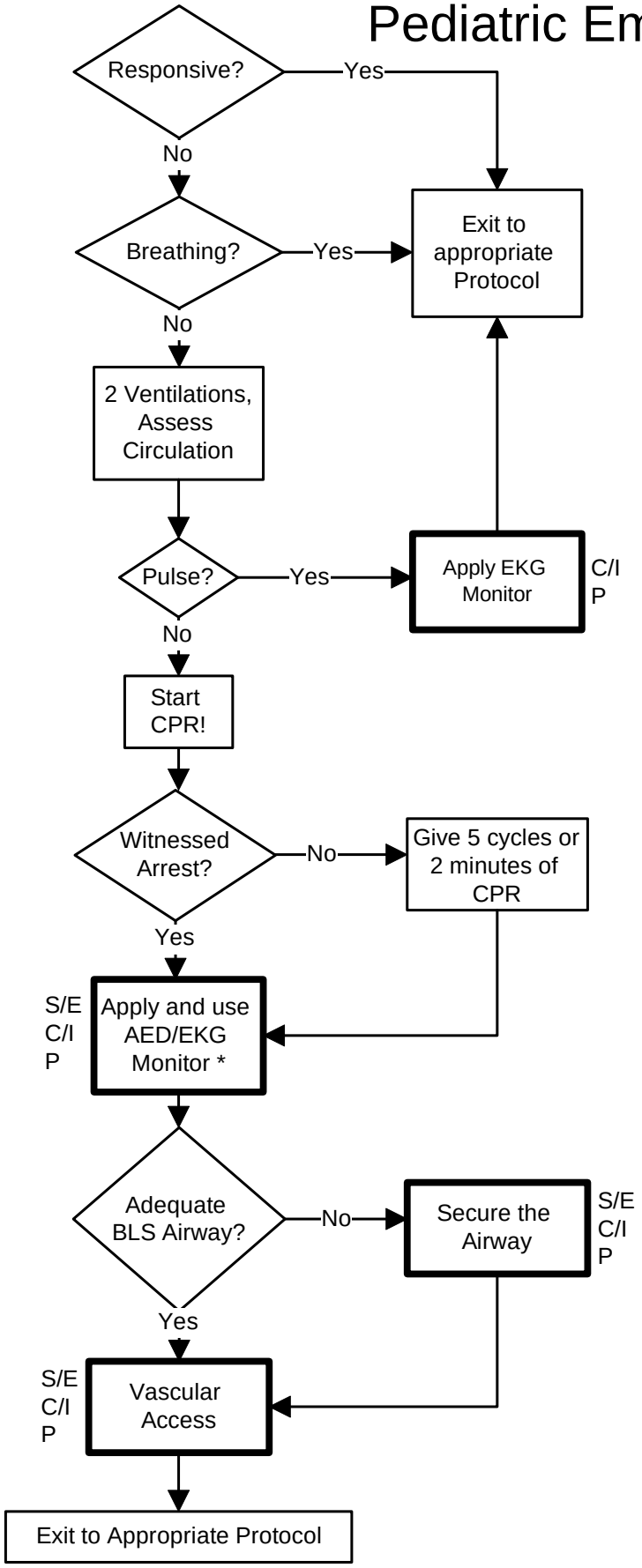
Age	Heart Rate	Respiratory Rate	Minimum Systolic BP
Infant (less than 1 year)	100 – 160	30 – 60	greater than 60
Toddler (1 to 2 years)	90 – 150	24 – 40	greater than 70
Preschooler (3 to 5 years)	80 – 140	22 – 34	greater than 75
School-aged child (6 to 10 years)	70 – 120	18 – 30	greater than 80
Adolescent (11 to 18 years)	60 – 100	12 – 16	greater than 90

Table 7.5.2 Pediatric Airway Management Supplies

Weight (kg)	Laryngoscope Blade	ET Tube	ET Tube Length	Stylet	Suction Catheter
Newborn **3-5 kg**	0-1 straight	3.0-3.5 uncuffed	10-10.5	6 Fr	6-8 Fr
Infant **6-9 kg**	1 straight	3.5 uncuffed	10-10.5	6 Fr	8 Fr
Toddler **10-11 kg**	1 straight	4.0 uncuffed	11-12	6 Fr	8-10 Fr
Small Child **12-14 kg**	2 straight	4.5 uncuffed	12.5-13.5	6 Fr	10 Fr
Child **15-18 kg**	2 straight or curved	5.0 uncuffed	14-15	6 Fr	10 Fr
Child **19-22 kg**	2 straight or curved	5.5 uncuffed	15.5-16.5	14 Fr	10 Fr
Large Child **24-30 kg**	2-3 straight or curved	6.0 cuffed	17-18	14 Fr	10 Fr
"Adult" Greater than or equal to 32 kg	3 straight or curved	6.5 cuffed	18.5-19.5	14 Fr	12 Fr

09/20/06

Pediatric Emergency Cardiac Care



During CPR:

-Push hard and fast (100/min)

-Ensure full chest recoil

-Minimize interruptions in compressions

One person CPR: 30 compressions:2 breaths
2 minutes=5 cycles

Two person CPR: 15 compressions: 1 breath
2 minutes= 10 cycles

Avoid hyperventilation

After an advanced airway is placed, rescuers no longer deliver "cycles" of CPR. Give continuous chest compressions without pauses for breaths. Give 8-10 bpm. Check rhythm every two minutes.

***Use of AEDs in Children**

Pediatric AEDs are preferred for children ages 1-8 years of age
If a child is in VF & a device with pediatric capabilities is not available, a standard Adult AED should be used.

Adult AEDs should be used on children age 8 and above

Contraindications to AED:
Rigor/Livor Mortis
"No Code"/DNR Situation

If patient successfully regains a pulse, maintain airway and ventilations as necessary and continue to monitor a pulse.

If patient becomes pulseless during transport, begin CPR, STOP VEHICLE, analyze

Performance Indicators
Onset of Arrest (Time) Confirmation of Airway Initial Rhythm/AED Documentation of IV/IO Acccess
Consistency of CPR