

# Chapter 3

## Resuscitation: Pediatric Algorithms



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**Abstract** This chapter provides “Quick Hit” algorithms to manage critically ill or coding pediatric patients and easy-to-follow, step-by-step references to manage the most acutely ill children. Seconds count in recognition, identification of causes, initiation of high-quality CPR, and administration of resuscitation medications and fluids. This chapter will give you the high-yield essential information you need to manage a pediatric code. The algorithms are easy to follow, with helpful tips and medication doses to providing rapid, high-quality care to the most critical pediatric patients.

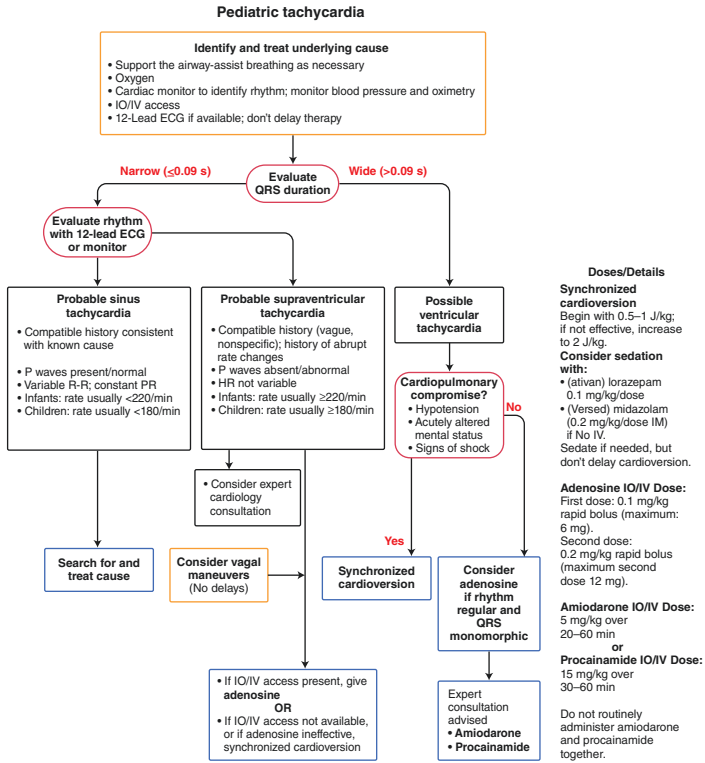
### Resuscitation: Pediatric Algorithms (Figs. 3.1, 3.2, 3.3, and 3.4)

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**Doses/Details**

**Synchronized cardioversion**  
Begin with 0.5–1 J/kg; if not effective, increase to 2 J/kg.

**Consider sedation with:**

- (ativan) lorazepam 0.1 mg/kg/dose
- (Versed) midazolam (0.2 mg/kg/dose IM) if No IV.

Sedate if needed, but don't delay cardioversion.

**Adenosine IO/IV Dose:**  
First dose: 0.1 mg/kg rapid bolus (maximum: 6 mg).  
Second dose: 0.2 mg/kg rapid bolus (maximum second dose 12 mg).

**Amiodarone IO/IV Dose:**  
5 mg/kg over 20–60 min  
or  
**Procainamide IO/IV Dose:**  
15 mg/kg over 30–60 min

Do not routinely administer amiodarone and procainamide together.

FIGURE 3.1 Pediatric tachycardia pathway

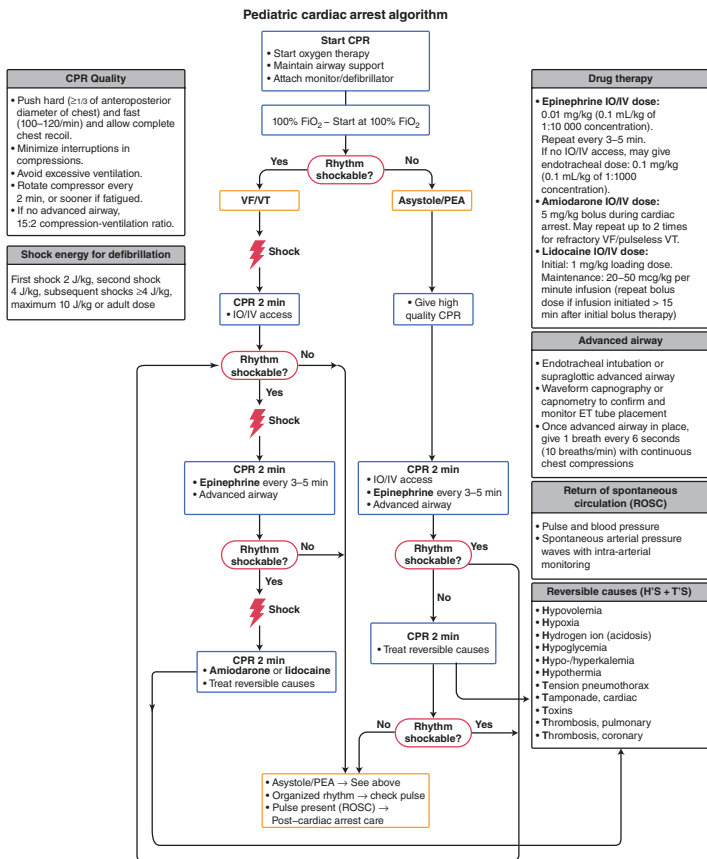


FIGURE 3.2 Pediatric cardiac arrest pathway

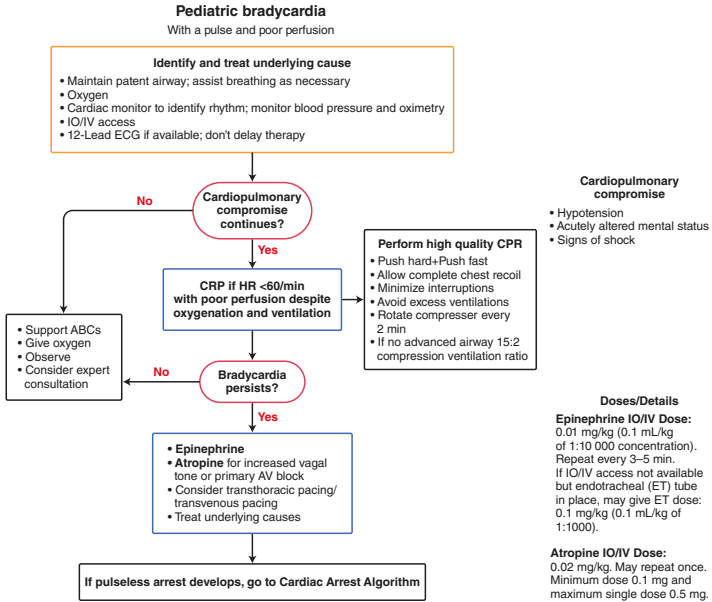


FIGURE 3.3 Pediatric bradycardia pathway

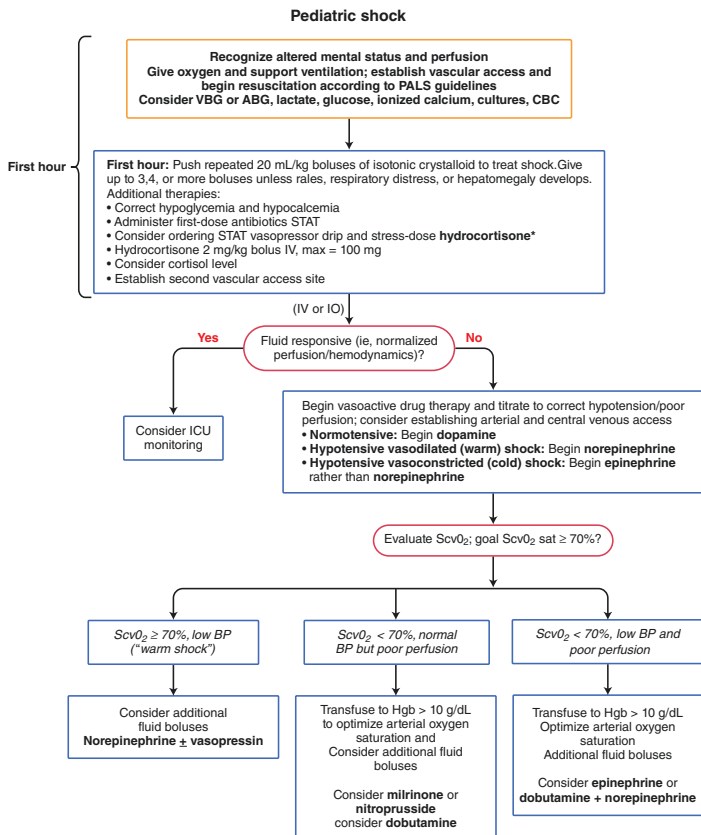


FIGURE 3.4 Pediatric shock pathway