

CENTRAL CALIFORNIA
EMERGENCY MEDICAL SERVICES
A Division of the Fresno County Department of Public Health

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 510.36
Subject	BLS Treatment Protocols PEDIATRIC ARREST- MEDICAL	Page 1 of 2
References	Title 22, Division 9, Chapter 3.1 of the California Code of Regulations	Effective Fresno County: 01/15/82 Kings County: 04/10/89 Madera County: 06/15/85 Tulare County: 04/19/05

STANDING ORDERS	
Assess need for CPR	Check for responsiveness and pulse. Palpate femoral or brachial pulse for no longer than 10 seconds. If in doubt, begin CPR.
Compressions	Perform high quality manual chest compressions (see special considerations)
Airway	Check airway patency. Secure with BLS airway and suction as needed.
Ventilate and Oxygenate	Provide ventilations with pediatric BVM and high flow O2 to achieve chest rise. Do not over-ventilate. Ventilation and compression ratio 15:2 with two providers, 30:2 with one provider.
Apply AED	- Apply AED and analyze as soon as possible. CPR should be continued while AED is prepared and pads are placed. - Use pediatric pads in age ≤8 years. AED pads must not overlap. - Defibrillate as soon as possible, regardless of whether the arrest was witnessed.
Continue CPR	Pulse check and analyze rhythm every 2 minutes. Follow AED prompts. Rotate compressors every 2 minutes with pulse checks if personnel available.
ROSC	In the event of return of spontaneous circulation - Recheck vitals every 3-5 minutes - Continuously monitor for rearrest
Transport	If ETA for ALS > 10 minutes and transporting agency, consider initiating transport for rendezvous with ALS after initial steps of resuscitation complete.

STANDING ORDERS - CONTINUED ON NEXT PAGE

Approved By	Daniel J. Lynch (Signature on File at EMS Agency)	Revision
EMS Director		09/01/2025
EMS Medical Director	Miranda Lewis, MD (Signature on File at EMS Agency)	

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SPECIAL CONSIDERATIONS AND PRIORITIES

1. This protocol applies to patients ≤ 14 years of age. Patients > 14 years of age should be treated according to EMS Protocol # 510.08.
2. High performance CPR includes the following elements:
 - Compress at 110 compressions per minute. Use of metronome is recommended
 - Ensure adequate depth: 1.5 inches in infants, 2 inches in children
 - Allow adequate recoil between compressions. Rotate compressors every 2 minutes to prevent fatigue.
 - Minimize interruptions. Goal $>90\%$ compression fraction. Pre-charge monitor prior to pulse checks and do not pause CPR to charge or perform advanced interventions.
 - Do not over ventilate. Provide only enough ventilation to achieve chest rise.
3. Most pediatric arrests are due to respiratory failure. Focus on providing quality ventilations and oxygenation, ensuring chest rise with each breath.