

2025 AHA PALS Guidelines

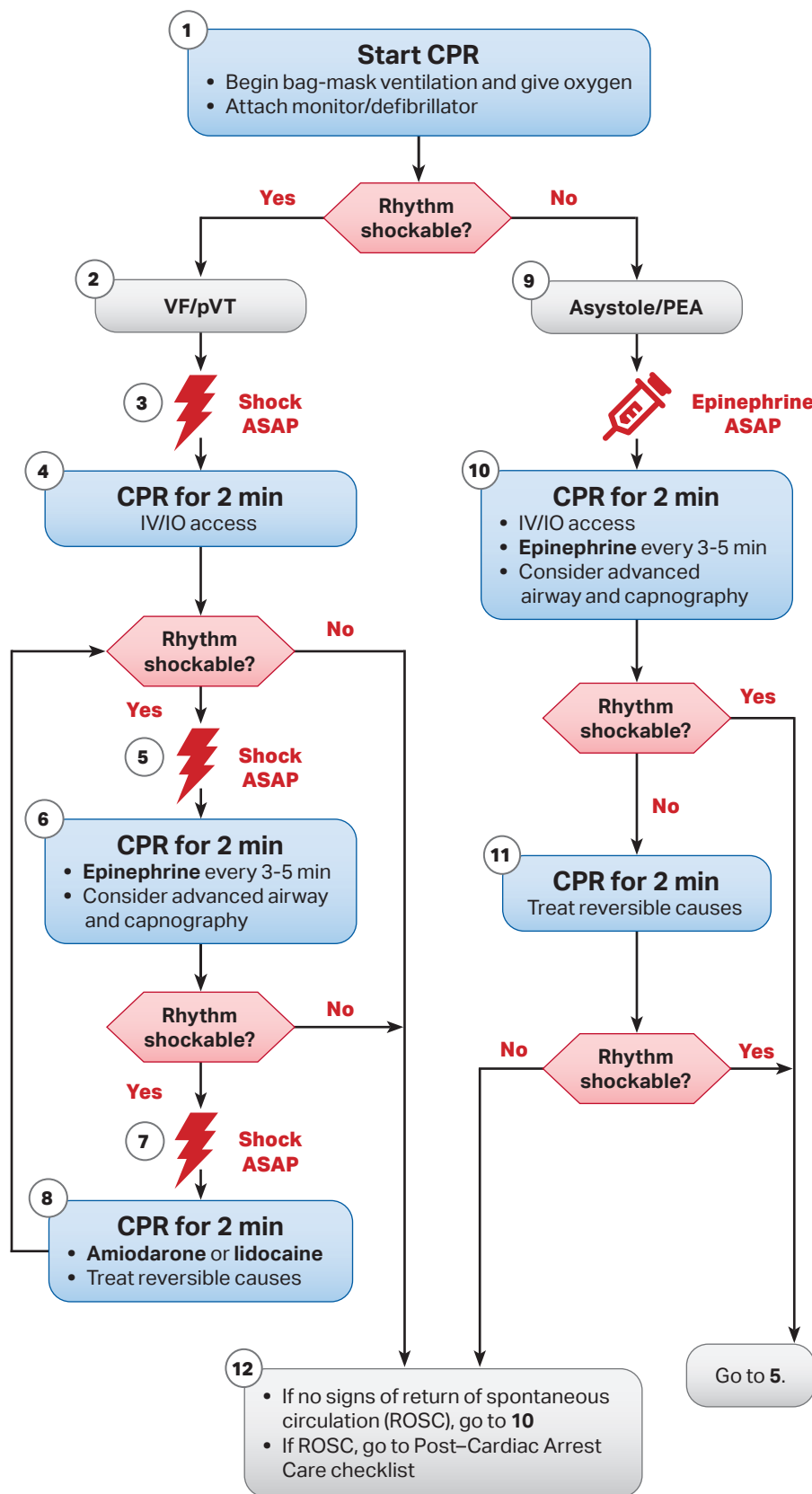
Pediatric Advanced Life Support Algorithms

Contents

- Figure 2 Pediatric Cardiac Arrest Algorithm
- Figure 6 Pediatric Bradycardia With a Pulse Algorithm
- Figure 7 Pediatric Tachyarrhythmia With a Pulse Algorithm

Note: figure numbers reflect AHA's own labeling and are not sequential across this set.

Pediatric Cardiac Arrest Algorithm



High Quality CPR

- Push hard ($\geq 1/3$ chest depth)
- Push fast: 100-120/min
- Allow full chest recoil
- Minimize interruptions in compressions
- Change compressor every 2 min, sooner if fatigued
- If no advanced airway, compression-ventilation ratio
 - 15:2 - 2 rescuers (pre-puberty)
 - 30:2 - 2 rescuers (post-puberty onset)
 - 30:2 - 1 rescuer (any age)
- If advanced airway, provide continuous compressions and give a breath every 2-3 seconds
- Monitor ETCO₂ and, when available, invasive diastolic BP

Shock Energy for Defibrillation

- First shock 2 J/kg
- Second shock 4 J/kg
- Subsequent shocks ≥ 4 J/kg, maximum 10 J/kg or adult dose

Drug Therapy

- Epinephrine IV/IO dose:** 0.01 mg/kg (0.1 mg/mL concentration). Max dose 1 mg.
- Amiodarone IV/IO dose:** 5 mg/kg bolus (max 300 mg). May repeat up to 3 doses (max 150 mg subsequent doses).
- or
- Lidocaine IV/IO dose:** 1 mg/kg

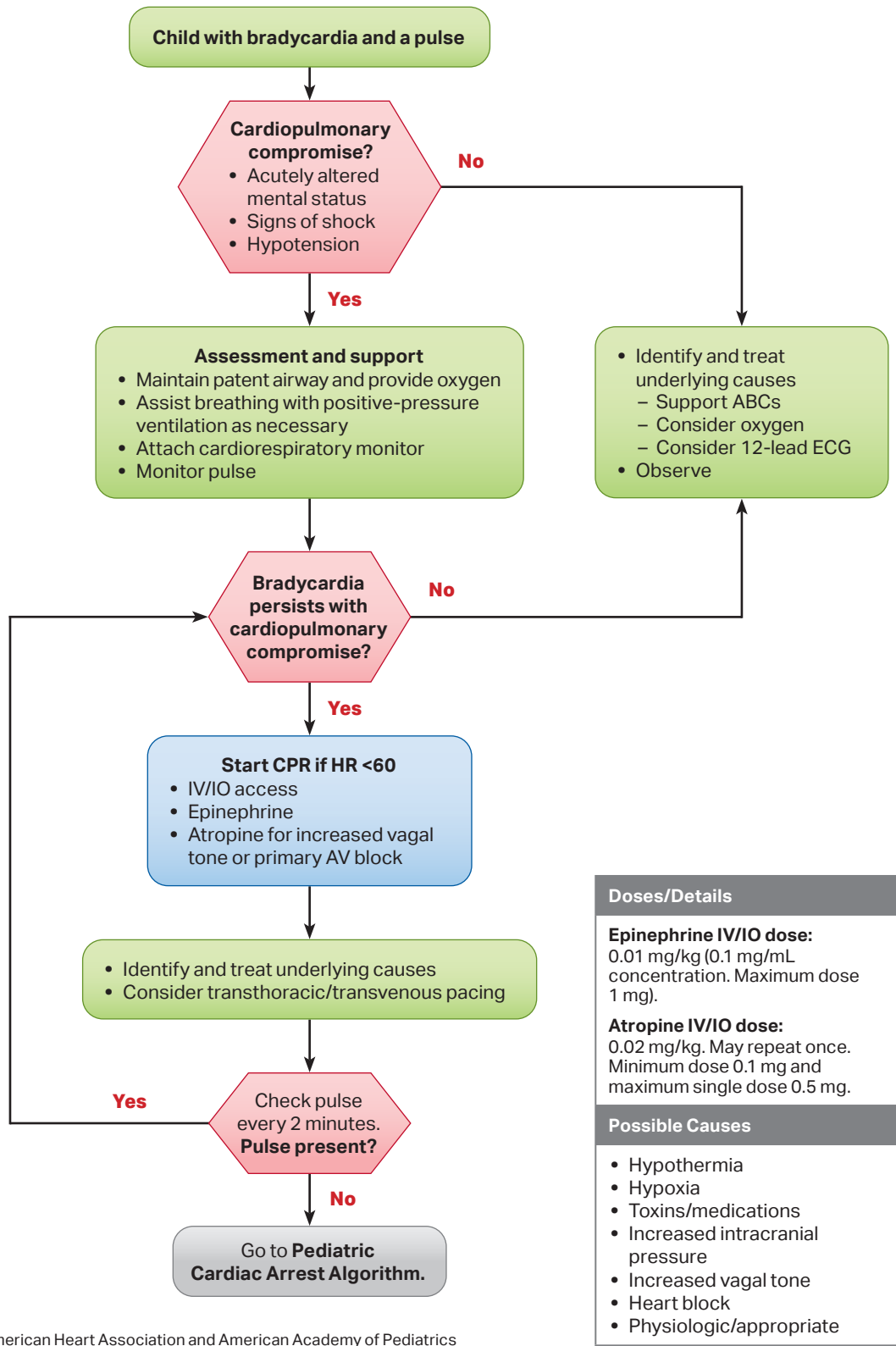
Advanced Airway

- Endotracheal intubation or supraglottic airway
- ETCO₂ to confirm and monitor ET tube placement

Reversible Causes

- Hypovolemia
- Hypoxia
- Hydrogen ion (acidosis)
- Hypoglycemia
- Hypo-/hyperkalemia
- Hypothermia
- Tension pneumothorax
- Tamponade, cardiac
- Toxins
- Thrombosis, pulmonary
- Thrombosis, coronary

Pediatric Bradycardia With a Pulse Algorithm



Pediatric Tachyarrhythmia With a Pulse Algorithm

