

SECTION: C-3

PROTOCOL TITLE: ADULT ASYSTOLE & PEA

REVISED: 15 April 2006

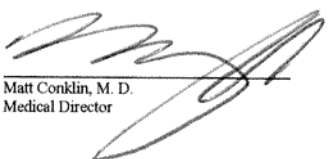
BLS SPECIFIC CARE: *See Adult Cardiac/Respiratory Arrest Protocol C-1*

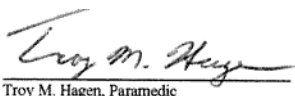
ILS SPECIFIC CARE: *See Adult Cardiac/Respiratory Arrest Protocol C-1*

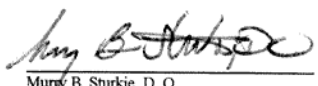
ALS SPECIFIC CARE: *See Adult Cardiac/Respiratory Arrest Protocol C-1*

- Early pacing for asystole and bradycardic PEA is indicated.
- Epinephrine
 - IV: 1 mg every 3-5 minutes, or
 - ETT: 2-2.5 mg of 1:1,000 diluted to 8-10 cc every 3-5 minutes.
- Atropine Sulfate for Asystole and Bradycardic PEA
 - IV: 1 mg every 3-5 minutes. To a max of 3 mg. (Use 0.04 mg/kg max for severely obese patients)
 - ETT: 2-2.5 mg (use high concentration atropine).
- Transcutaneous Pacing (TCP): *Early in cardiac arrest for asystole and bradycardic PEA.*
 - Set the initial rate at 80 PPM.
 - Set the initial output to 80 mA.
- Sodium Bicarbonate for suspected acidosis, suspected hyperkalemia, or prolonged resuscitation.
 - IV: 1 meq/kg repeated in 10 minutes (if still in arrest) at 0.5 meq/kg. Follow TCA recommendations if TCA OD is suspected.
- Narcan (Naloxone) for suspected narcotic overdose.
 - IV/ETT: 1-2 mg repeated PRN.
- Dextrose 50% for hypoglycemia.
 - IV: 12.5-50 g.
- Calcium Chloride for suspected hyperkalemia, Calcium Channel Blocker OD, or suspected hypocalcemia.
 - 500-1000 mg IVP.
 - Also administer Sodium Bicarbonate at 1 meq/kg afterward. *Flush line thoroughly between meds.*
- Albuterol Sulfate (High Dose) for suspected hyperkalemia.
 - ETT: 10 mg (4 unit doses) directly instilled into the ETT followed by brief hyperventilation.
- Pericardiocentesis for suspected pericardial tamponade.

ADULT ASYSTOLE & PEA


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Protocol C-3

ADULT ASYTROLE & PEA

Vasopressors (for suspected low cardiac output states refractory to IV Fluid)

- Dopamine Infusion
 - IV: 2-20 mcg/kg/min
- Epinephrine Infusion
 - IV: 2-10 mcg/min

PHYSICIAN PEARLS:

Possible Causes

5 H's

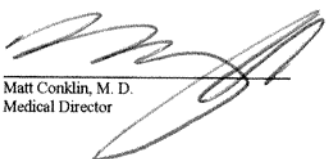
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|--|---|
| ■ Hypoxia (CNS events) | ■ Hypoglycemia/hyperglycemia |
| ■ Hypokalemia/hyperkalemia
(and other electrolytes) | ■ Hypovolemia (tank/anaphylaxis,
gravid) |
| ■ Hypothermia/hyperthermia | |

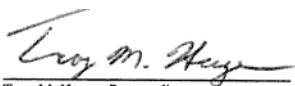
5 T's

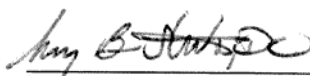
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|--------------------------|----------------------------------|
| ■ Tamponade | ■ Tablets (ODs, drugs, etc) |
| ■ Thrombosis (pulmonary) | ■ Tension (pneumothorax, asthma) |
| ■ Thrombosis (coronary) | |

Risk of ventricular fibrillation induced by cardiac pacing: The risk of ventricular fibrillation induced by pacing is minimal. In canine studies, the amount of energy needed to induce ventricular fibrillation is approximately 12 times the amount needed to pace the heart.

–Voorhees WD, Foster KS, Geddes LA, et al. Safety factor for precordial pacing: minimum current thresholds for pacing and for ventricular fibrillation by vulnerable-period stimulation. PACE. 1984;7:356–360.


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