



Asystole/Pulseless Electrical Activity

FIELD TREATMENT GUIDELINE C-02

INDICATION	<ul style="list-style-type: none"> Asystole is defined as a cardiac arrest rhythm in which there is no discernible electrical activity on the ECG monitor. Pulseless electrical activity (PEA), also known as electromechanical dissociation, refers to cardiac arrest in which the electrocardiogram shows a heart rhythm that should produce a pulse, but does not.
BLS	<ul style="list-style-type: none"> Follow General Medical Care M-01. Follow Cardiac Arrest Management C-01.
ALS	<ul style="list-style-type: none"> Epinephrine (1:10,000): <i>Adult:</i> 1mg IV/IO, repeat every 3-5 minutes. MAX total dose of 3mg. Patients who have received the max total dose of epinephrine, should still receive Push-Dose Epinephrine AP-16 for C-08 Cardiogenic Shock following ROSC. Treat Reversible Causes <ul style="list-style-type: none"> If hypovolemia is suspected, consider Fluid Challenge AP-09. If hyperkalemia is suspected consider: <ul style="list-style-type: none"> Calcium Chloride: <i>Adult:</i> 500 mg IV/IO. Sodium Bicarbonate: <i>Adult:</i> 100 mEq IV/IO if hyperkalemia is suspected. May repeat once in 5 minutes
KEY CONCEPTS	<ul style="list-style-type: none"> EMS personnel should attempt to identify possibly reversible cause of asystole/PEA: <ul style="list-style-type: none"> Hypovolemia Hypoxia or ventilation problem Hydrogen Ion (acidosis) Hypo/Hyperkalemia Hypothermia Toxins Tamponade (cardiac) Tension pneumothorax Thrombosis (coronary / pulmonary) Trauma (hypovolemia or elevated ICP) For terminating resuscitative efforts follow Administrative Policy 115, Determination of Death