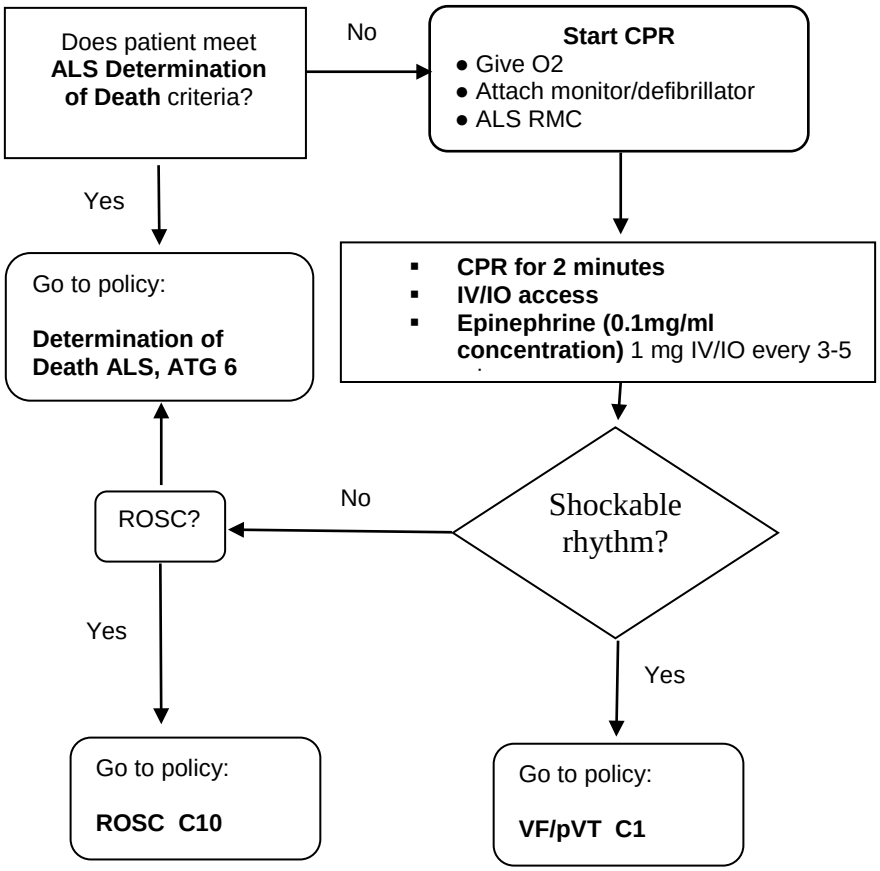
ASYSTOLE / PULSELESS ELECTRICAL ACTIVITY

ALWAYS USE STANDARD PRECAUTIONS



Critical Information:

- Witnessed vs Unwitnessed
- Determination of death can be made immediately if all are present (Medical patients):
  - Presenting rhythm is asystole
  - Event was unwitnessed
  - Effective bystander CPR was not initiated
  - No evidence of potentially reversible cause of arrest (e.g. hyperkalemia or hypothermia)
  - No AED or manual shock delivered
- Determination of death can be made immediately if either are present (Trauma patients):
  1. MCI incident where triage principles preclude initiation of CPR
  2. Blunt, penetrating or profound multi-system trauma with asystole or PEA
- If hyperkalemia is suspected in renal dialysis patients, administer 500mg of 10% **Calcium Chloride** and 1 mEq/kg of **Sodium Bicarbonate** IV/IO
- If hypothermic <95F, delay compressions for 3 minutes; focus on ventilations and active rewarming
- Refer to Adult Cardiac Arrest Policy

BLS Airway Management

- *BLS airway is preferred during the first 5 minutes*
- Use two-person BLS airway management whenever possible
- Avoid excessive ventilation
- 30:2 compression/ventilation ratio

ALS Airway Management:

- King Airway / Video Laryngoscopy (VL) preferred
- Laryngoscopy for ETT must occur with CPR in progress. Do not interrupt CPR for >10 seconds for tube placement
- Use continuous ETCO2 to monitor CPR effectiveness and advanced airway placement.
- Maintain O2 sat 94-99%
- 1 breath every 6 seconds

Reversible Causes

- Hypovolemia
- Hypoxia
- Hydrogen Ion (acidosis)
- Hypo/Hyperkalemia
- Hypothermia
- Tension Pneumothorax
- Tamponade (cardiac)
- Toxins
- Thrombosis, pulmonary
- Thrombosis, coronary