PULSELESS ELECTRICAL ACTIVITY
ALWAYS USE STANDARD PRECAUTIONS

INDICATION
- Pulseless, apneic with rhythm that includes electromechanical dissociation (EMD), pseudo-electromechanical dissociation (pseudo-EMD), idioventricular rhythms, ventricular escape rhythms and bradycardia

CRITICAL INFORMATION
- Witnessed or unwitnessed
- Effective Bystander CPR

TREATMENT
- See Cardiac Arrest Policy
- ALS RMC
- Establish IV/IO NS 250-500 ml fluid challenge then TKO
- Administer Epinephrine 1mg (1:10,000) IV/IO. Repeat q 3-5 min.
- If hyperkalemia is suspected in renal dialysis patients, administer 500 mg of 10% Calcium Chloride and 1 mEq/kg of Sodium Bicarbonate IV/IO
- If rhythm converts with return of pulses, refer to ROSC Policy
- If the above procedures have been completed without ROSC, consider field determination of death

SPECIAL CONSIDERATIONS
- Establishment of IV/IO, airway and medication administration should occur during CPR and should not interrupt the CPR cycles
- Consider and treat possible contributing factors:

<table>
<thead>
<tr>
<th>Hypovolemia</th>
<th>Toxins (overdoses)</th>
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</thead>
<tbody>
<tr>
<td>Hypoxemia</td>
<td>Tamponade, cardiac</td>
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<tr>
<td>Hydrogen ion (acidosis)</td>
<td>Tension pneumothorax</td>
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<tr>
<td>Hypo/Hyperkalemia</td>
<td>Thrombosis (coronary / pulmonary)</td>
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<tr>
<td>Hypoglycemia</td>
<td>Trauma</td>
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<tr>
<td>Hypothermia</td>
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DOCUMENTATION- ESSENTIAL ELEMENTS
- Witnessed or unwitnessed
- Bystander CPR

RELATED POLICIES/ PROCEDURES
- Determination of Death ALS ATG 6
- Return of Spontaneous Circulation (ROSC) C 10
- Trauma Triage and Destination Guidelines 4613