Asystole / Pulseless Electrical Activity

During CPR, consider reversible causes of Asystole/PEA and treat as indicated. Causes and efforts to correct them include but are not limited to:

Hypovolemia – give NS IV/IO fluid bolus up to 1 liter, wide open.
Hypoxia – reassess airway and ventilate with high flow oxygen
Tension pneumothorax – see **Pleural Decompression Procedure**
Hypothermia – follow **Hypothermia Cardiac Arrest Protocol** rapid transport
Hyperkalemia (history of renal failure) – see #5 below.

Pre-Medical Control
PARAMEDIC

1. Follow the **Cardiac Arrest - General Protocol**.
2. Confirm that patient is in asystole by evaluating more than one lead.
3. Administer Epinephrine 1:10,000, 1 mg (10 ml) IV/IO, repeat every 3-5 minutes.
4. Per MCA selection, administer Vasopressin 40 Units IV/IO in place of second dose of Epinephrine.

Vasopressin
40 Units IV/IO
☐ Included
☐ Not Included

5. In a dialysis patient hyperkalemia is likely. Administer Calcium Chloride 1gm IV/IO and Sodium Bicarbonate 1 mEq/kg IV/IO with 20 ml NS flush in between medications.
6. Continue CPR and reassess rhythm every 2 minutes.

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- Continue CPR, reassess rhythm every 2 minutes.

Contact Medical Control