

Southern Illinois Regional EMS System

CC-6 ASYSTOLE / PULSELESS ELECTRICAL ACTIVITY (PEA)

ALS/ILS:

- General Patient Assessment and Initial Medical Care protocol
- Cardiac Arrest protocol
- Perform CPR until defibrillator is attached
- Check pulse / identify rhythm
 - Verify asystole in at least two leads

- NON SHOCKABLE RHYTHM, Perform CPR for 2 minutes (5 cycles).
- While CPR is in progress,
 - Verify IV/IO access.
 - Consider preparation of medications.
- Consider possible underlying causes:
 - Hypovolemia
 - Hypoxia
 - Hypothermia
 - Hyper – Hypokalemia
 - Acidosis
 - Hypoglycemia
 - Tension Pneumothorax
 - Cardiac Tamponade
 - Toxins / Overdose
 - Thrombosis (coronary, pulmonary)

- After 2 minutes of CPR:
 - Check rhythm / pulse.
 - If rhythm changes, proceed to appropriate protocol/algorithm.

- ASYSTOLE or PEA found on monitor:
 - Non-shockable rhythm, immediately perform CPR for 2 minutes (5 cycles).
 - Administer a vasopressor.
 - **Epinephrine (1:10000) 1mg** IV/IO every 3-5 min.
 - Administer medication during CPR in order to reach central circulation.

- After 2 minutes of CPR:
 - Check rhythm / pulse
 - If rhythm changes, proceed to appropriate protocol/algorithm.

- If ASYSTOLE or PEA is found after the pulse/rhythm check:
 - CPR for 2 minutes (5 cycles).
 - Continue the above CPR – medication rotation
 - Continue to administer **Epinephrine (1:10000) 1mg** every 3-5 minutes

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CC-6 ASYSTOLE / PULSELESS ELECTRICAL ACTIVITY (PEA) (continued)

- ET drug administration:
 - Epinephrine (1:10000) 2 – 2.5mg diluted in 10mL NS
 - Vasopressin 80 units with saline flush

- NOTES:
 - Consider the most appropriate time for advanced airway placement.
 - Placement of an ET tube should only minimally interfere with chest compressions.
 - If you can adequately ventilate with a BVM and OPA/NPA, early emphasis should not be placed on intubation.
 - Immediate airway attention is required when vomitus, blood, or secretions pose an aspiration hazard.