# AC02 Adult Asystole and Pulseless Electrical Activity

## **Objectives:**

- Early recognition and appropriate intervention of pulseless / apneic adult patients
- Early appropriated recognition of lethal rhythms

## **General Information:**

- During CPR
  - a) Push hard and fast (100/min)
  - b) Ensure full chest recoil
  - c) Minimize interruptions in compressions
  - d) One cycle of CPR: 30 compressions then 2 breaths; 5 cycles 2 min
  - e) Rotate compressors every 2 min
  - f) Avoid hyperventilation
  - g) After an advanced airway is placed, rescuers no longer deliver "cycles" of CPR
  - h) Give continuous chest compressions without pauses for breaths
  - i) Give 8-10 breaths/min
  - j) Check rhythm every 2 minutes
- Endotracheal administration of medications should be used ONLY when IV/IO access is not available
- Search for and treat possible contributing factors:
  - a) Hypovolemia
  - b) Hypoxia
  - c) Hypokalemia / Hyperkalemia
  - d) Hypoglycemia
  - e) Hypothermia / Hyperthermia
  - f) Hydrogen ion- (Acidosis)
  - g) Tension Pneumothorax
  - h) Toxins
  - i) Trauma
  - j) Tamponade Cardiac
  - k) Thrombosis (coronary or pulmonary)
- For cardiac arrest in renal patients administer Calcium Chloride 1 gm IV/IO push followed by 40 ml flush, Sodium Bicarbonate 1 Meq/kg and repeat in 10 minutes if no change and medications are available



· CPR may still be required in the presence of an organized cardiac rhythm

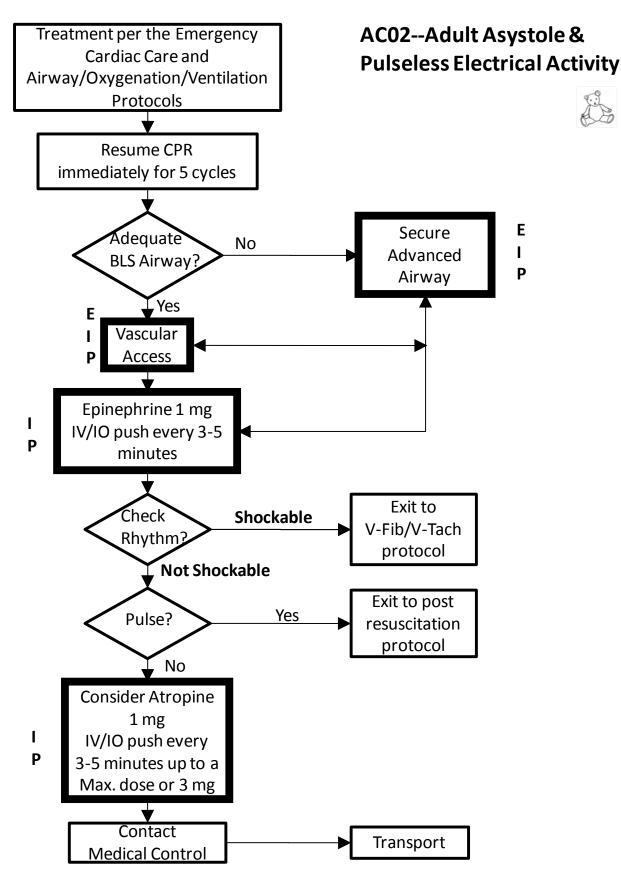
### OMD Notes:

References: 2005 AHA ACLS EMT-B Curriculum

#### **Performance Indicators:**

Onset of Arrest Time Time of Initial Treatment Consistency of CPR Initial Rhythm Changes in EKG Rhythm Patient Packaging Bystander/FR CPR/AED Confirmation of Airway Patient Disposition

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