

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



Warnings/Alerts:

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

OMD Notes:

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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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