

ADULT ASYSTOLE PULSELESS ELECTRICAL ACTIVITY

HPI	Signs & Symptoms	Possible Causes	
<ul style="list-style-type: none"> • Witnessed vs unwitnessed • Last known well • PTA AED use • Bystander CPR • Suspected etiology • PMH 	<ul style="list-style-type: none"> • Pulseless • Apneic • No signs of rigor or lividity • No findings of signs incompatible with life 	<ul style="list-style-type: none"> • Hypovolemia • Hypoxia • Acidosis • Hyper/o-kalemia • Hypothermia • Hypoglycemia 	<ul style="list-style-type: none"> • Toxins/Overdose • Cardiac tamponade • Acute coronary syndrome • Pulmonary embolism • Tension Pneumo

UNIVERSAL EMERGENCY CARDIAC CARE

	EMR	EMT	PM
1. Assess responsiveness, pulse and breathing for no more than 10 seconds.	•	•	•
2. If no pulse and not breathing/gasping - begin CPR 30:2 compressions to ventilations for a 2 min. cycle	•	•	•
3. Place monitor/defibrillator immediately as staffing allows.	•	•	•
4. Analyze rhythm and continue CPR 2 min.			•
5. Obtain vascular access IV/IO			•
6. Consider advanced airway: ETT			•
or i-Gel.		•	•
Monitor placement with Capnography. Deliver 1 breath/6 sec.		•	•

PERSISTENT NON-SHOCKABLE

7. Analyze rhythm. Continue CPR 2 min.			•
8. EPINEPHRINE 1 mg/10mL: 1 mg IVP/IO, repeat 3-5min., no max.			•
9. NORMAL SALINE in 500mL increments			•
10. Dialysis patients ONLY: SODIUM BICARBONATE : 50mEq IVP/IO			•
11. If return of spontaneous circulation see ROSC	•	•	•

NOTE:

1. Utilize High Performance CPR for best patient outcome.
2. **Patient movement during cardiac arrest resuscitation should only occur under the following circumstances:**
 - [ROSC](#)
 - environmental/provider safety concerns
 - extenuating circumstances (pediatric)

Contact **OLMC** for request to transport in any other situation.

PEARLS:

1. All attempts should be made to prevent avoidable interruptions in chest compressions, such as hovering over the chest during rhythm
2. The airway management strategy should not interrupt compressions.
3. Hyperventilation should be avoided because it decreases preload, cardiac output, coronary perfusion, and cerebral blood flow.