



<b>CARDIAC ARREST ASYSTOLE / PULSELESS ELECTRICAL ACTIVITY (PEA)</b>	
<b>ADULT</b>	<b>PEDIATRIC – (14 years and under)</b>
<b>BLS Procedures</b>	
<i>Perform Cardiac Arrest Management</i> <ul style="list-style-type: none"><li>• Initiate Compressions</li><li>• Apply AED &amp; Defibrillate as Indicated</li><li>• Airway Management<ul style="list-style-type: none"><li>◦ Refer to <a href="#">Policy 533-02: Airway Management</a></li></ul></li><li>• Refer to <a href="#">Policy 533-9a: Cardiac Arrest Management</a></li></ul>	<i>Perform Cardiac Arrest Management</i> <ul style="list-style-type: none"><li>• Neonatal Resuscitation (0 to 28-days-old)<ul style="list-style-type: none"><li>◦ Refer to <a href="#">533-31 Neonatal Resuscitation</a></li></ul></li><li>• Initiate Compressions</li><li>• Apply AED &amp; Defibrillate as Indicated</li><li>• Airway Management<ul style="list-style-type: none"><li>◦ Refer to <a href="#">Policy 533-02: Airway Management</a></li></ul></li><li>• Refer to <a href="#">Policy 533-9a: Cardiac Arrest Management</a></li></ul>
<b>Expanded Scope</b>	
Same as BLS	Same as BLS
<b>ALS Prior to Base Hospital Contact</b>	
<i>Confirmation of Asystole</i> <ul style="list-style-type: none"><li>• Increase cardiac monitor gain to 2.0 to rule out fine VF<ul style="list-style-type: none"><li>◦ If Ventricular Rhythm<ul style="list-style-type: none"><li>▪ Refer to <a href="#">Policy 533-09b: Cardiac Arrest – VF/VT</a></li></ul></li></ul></li></ul> <i>Perform the Following</i> <ul style="list-style-type: none"><li>• Vascular Access</li><li>• Cardiac Monitor – Paddles Mode</li><li>• Airway Management<ul style="list-style-type: none"><li>◦ Maintain and ensure airway patency</li><li>◦ Refer to <a href="#">Policy 533-02: Airway Management</a></li></ul></li></ul> <b>Epinephrine – 0.1mg/1mL</b> <ul style="list-style-type: none"><li>• IV/IO – 1mg (10mL) every 3-5 min</li></ul> <b>Normal Saline</b> <ul style="list-style-type: none"><li>• IV/IO – 1000mL</li></ul> <b><u>When One of the Following is the Suspected Cause of Arrest:</u></b> <i>Suspected Renal Failure or Suspected Hyperkalemia</i> <b>Calcium Chloride</b> <ul style="list-style-type: none"><li>• IV/IO – 1g<ul style="list-style-type: none"><li>◦ Repeat x 1 in 10 min</li></ul></li></ul> <b>Sodium Bicarbonate</b> <ul style="list-style-type: none"><li>• 2<sup>nd</sup> vascular access site if available</li><li>• IV/IO – 1mEq/kg<ul style="list-style-type: none"><li>◦ Repeat 0.5mEq/kg every 5 min x 2</li></ul></li></ul> <i>Tricyclic Antidepressant Overdose</i> <b>Sodium Bicarbonate</b> <ul style="list-style-type: none"><li>• IV/IO – 1mEq/kg<ul style="list-style-type: none"><li>◦ Repeat 0.5mEq/kg every 5 min</li></ul></li></ul> <i>Suspected Beta-Blocker or Calcium Channel Blocker OD</i> <b>Calcium Chloride</b> <ul style="list-style-type: none"><li>• IV/IO – 1g over 1 minute<ul style="list-style-type: none"><li>◦ Repeat x 1 in 10 min</li></ul></li></ul> <b>Glucagon</b> <ul style="list-style-type: none"><li>• IV/IO – 2mg (May repeat x 5 if available)<ul style="list-style-type: none"><li>◦ Total Max 10mg</li><li>◦ Consider <b>Ondansetron</b> administration (if not in arrest)</li></ul></li></ul>	<i>Confirmation of Asystole</i> <ul style="list-style-type: none"><li>• Increase cardiac monitor gain to 2.0 to rule out fine VF<ul style="list-style-type: none"><li>◦ If Ventricular Rhythm<ul style="list-style-type: none"><li>▪ Refer to <a href="#">Policy 533-09b: Cardiac Arrest – VF/VT</a></li></ul></li></ul></li></ul> <i>Perform the Following</i> <ul style="list-style-type: none"><li>• Vascular Access</li><li>• Cardiac Monitor – Paddles Mode</li><li>• Airway Management<ul style="list-style-type: none"><li>◦ Maintain and ensure airway patency</li><li>◦ Refer to <a href="#">Policy 533-02: Airway Management</a></li></ul></li></ul> <b>Epinephrine – 0.1mg/1mL</b> <ul style="list-style-type: none"><li>• IV/IO – 0.01mg/kg (0.1mL/kg) every 3-5 min</li></ul> <b>Normal Saline</b> <ul style="list-style-type: none"><li>• IV/IO – 20mL/kg</li></ul> <b><u>When One of the Following is the Suspected Cause of Arrest:</u></b> <i>Suspected Renal Failure or Suspected Hyperkalemia</i> <b>Calcium Chloride</b> <ul style="list-style-type: none"><li>• IV/IO – 20mg/kg<ul style="list-style-type: none"><li>◦ Repeat x 1 in 10 min</li></ul></li></ul> <b>Sodium Bicarbonate</b> <ul style="list-style-type: none"><li>• 2<sup>nd</sup> vascular access site if available</li><li>• IV/IO – 1mEq/kg<ul style="list-style-type: none"><li>◦ Repeat 0.5mEq/kg every 5 min x 2</li></ul></li></ul> <i>Tricyclic Antidepressant Overdose</i> <b>Sodium Bicarbonate</b> <ul style="list-style-type: none"><li>• IV/IO – 1mEq/kg<ul style="list-style-type: none"><li>◦ Repeat 0.5mEq/kg every 5 min</li></ul></li></ul> <i>Suspected Beta-Blocker or Calcium Channel Blocker OD</i> <b>Calcium Chloride</b> <ul style="list-style-type: none"><li>• IV/IO – 20mg/kg<ul style="list-style-type: none"><li>◦ Repeat x 1 in 10 min</li></ul></li></ul> <b>Glucagon</b> <ul style="list-style-type: none"><li>• IV/IO – 0.05mg/kg (Max of 5mg per Dose)<ul style="list-style-type: none"><li>◦ If no response within 15 mins:<ul style="list-style-type: none"><li>▪ May repeat until Max 10mg (if available)</li></ul></li><li>◦ Consider <b>Ondansetron</b> administration (if not in arrest)</li></ul></li></ul> <i>Early Base Hospital Contact for All Peds Cardiac Arrests</i>



Base Hospital Physician Orders Only	
Consult with ED Physician for further treatment measures	Consult with ED Physician for further treatment measures
Additional Information	
<p><i>ROSC &gt; 30 Seconds</i></p> <ul style="list-style-type: none"><li>• Initiate Post-Arrest Resuscitation</li><li>• Refer to <a href="#">Policy 533-9a: Cardiac Arrest Management</a></li></ul> <p><i>Hypothermic Patients</i></p> <ul style="list-style-type: none"><li>• Refer to <a href="#">Policy 533-9a: Cardiac Arrest Management</a></li></ul> <p><i>Modifications for Pregnancy</i></p> <ul style="list-style-type: none"><li>• Refer to <a href="#">Policy 533-9a: Cardiac Arrest Management</a></li></ul> <p><i>Miscellaneous</i></p> <ul style="list-style-type: none"><li>• <b>EMS personnel must contact the BH prior to termination of resuscitation for all cardiac arrests regardless of rhythm.</b></li><li>• EMS Personnel must perform 20 minutes of resuscitation at <u>minimum</u> while on scene of a cardiac arrest except when:<ul style="list-style-type: none"><li>○ Patient is in persistent VF/VT, at which point, resuscitation must be ≥ 30 minutes;<ul style="list-style-type: none"><li>• Refer to <a href="#">Policy 533-9a: Cardiac Arrest Management</a></li></ul></li><li>○ The scene is unsafe/unworkable;</li><li>○ EMS is presented with an active DNR/POLST; or</li><li>○ Base Hospital Orders have been obtained to terminate outside of parameters mentioned above.</li></ul></li><li>• After minimum resuscitation time and BH contact, EMS personnel may terminate resuscitation efforts</li><li>• <b>Naloxone</b> and assessing <b>BGL</b> are not indicated for patients in cardiac arrest, but if ROSC is achieved, <b>Naloxone</b> and <b>BGL</b> may be considered.</li><li>• For patients with non-shockable rhythms, the earlier epinephrine is given, the more likely the patient is to survive.</li></ul>	<p><i>ROSC &gt; 30 Seconds</i></p> <ul style="list-style-type: none"><li>• Initiate Post-Arrest Resuscitation</li><li>• Refer to <a href="#">Policy 533-9a: Cardiac Arrest Management</a></li><li>• All pediatric resuscitation patients are to be transported to the closest hospital.</li></ul> <p><i>Hypothermic Patients</i></p> <ul style="list-style-type: none"><li>• Refer to <a href="#">Policy 533-9a: Cardiac Arrest Management</a></li></ul> <p><i>Modifications for Pregnancy</i></p> <ul style="list-style-type: none"><li>• Refer to <a href="#">Policy 533-9a: Cardiac Arrest Management</a></li></ul> <p><i>Miscellaneous</i></p> <ul style="list-style-type: none"><li>• <b>Naloxone</b> and assessing <b>BGL</b> are not indicated for patients in cardiac arrest, but if ROSC is achieved, <b>Naloxone</b> and <b>BGL</b> may be considered.</li><li>• For patients with non-shockable rhythms, the earlier epinephrine is given, the more likely the patient is to survive.</li></ul>