


Section: **Adult Medical**
Subject: **CARDIAC ARREST ALGORITHM – ASYSTOLE**
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Page 1 of 1

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1. General Cardiac Arrest Algorithm
2. Specific ALS Treatment
 - a. **Epinephrine:** 1.0 mg (1:10,000) IV/IO q 3 to 5 minutes
3. If there is return of spontaneous circulation (ROSC), Continue with the **HCFR ROSC** protocol
4. If after twenty (20) minutes of asystole and ETCO_2 is <10 mm Hg, contact Medic-1 for consideration of termination of resuscitation efforts.
5. QA Points:
 - a. Consider possible causes that we can address:
 - i. Hypoxia
 - ii. Hypovolemia
 - iii. Drug Overdose
 - iv. Hypothermia
 - v. Tension Pneumothorax
 - b. Available evidence suggests that the routine use of atropine during PEA or asystole is unlikely to have a therapeutic benefit. Pauses in compressions must be as short as possible.
 - c. Given that maintaining continuous compressions is of paramount importance, the initial capture of the airway will be with a multi-lumen airway device or a blind (LMA) airway device.
 - d. If there is return of spontaneous circulation (ROSC), the airway may be converted to an ETT by an approved method at the discretion of the paramedic in charge.