Section: Pediatric Medical
Subject: CARDIAC ARREST – ASYSTOLE
Section #: 343.07
Issue Date: March 21, 2011
Revision Date: December 1, 2017
Approved By: Michael Lozano, Jr., M.D., HCFR Medical Director

1. General Cardiac Arrest Algorithm

2. Specific ALS Treatment
   a. Epinephrine 0.01 mg/kg of a 1:10,000 solution (0.1 mL/kg) q 3-5 min IV/IO

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. Hypoglycemia
      iv. Drug Overdose
      v. Hypothermia
      vi. Tension Pneumothorax
   b. Available evidence suggests that the routine use of atropine during PEA or asystole is unlikely to have a therapeutic benefit.
   c. Pauses in compressions must be as short as possible.
   d. 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
   e. 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