



History and Physical:

Historical Findings	Physical Findings
<ul style="list-style-type: none">Medical etiology	<ul style="list-style-type: none">UnconsciousPulselessAgonal respirations/apneaEKG Findings: pulseless rhythm, not V-fib, not V-tach, not asystole

Assessment:

- Cardiac Assessment

Clinical Management Options:

Interventions	Pharmacology
<ul style="list-style-type: none">Continuous CPRBVM ventilation with high flow O₂Maintain airway with OPAIntubateVascular AccessFluid Bolus prior to epinephrineChest decompression if pneumothorax is present	<ul style="list-style-type: none">Epinephrine 0.01 mg/kg (0.1 ml/kg 1:10,000) IV/IO<ul style="list-style-type: none">May repeat x 1Emphasis on early administrationNaloxone 0.1 mg/kg IV/IO/IN<ul style="list-style-type: none">For suspected opiate overdoseMax single dose of 2 mgRepeat q 2-3 minutesSodium bicarbonate 1 mEq/kg IV/IO<ul style="list-style-type: none">For suspected toxin/hyperkalemia

Considerations:

- 5 initial breaths if drowning in nature
- Consider all other treatable causes
 - Hypoxia – ventilation
 - Hypothermia – warming
 - Hyperkalemia – calcium gluconate and sodium bicarbonate
 - Acidosis – ventilation and sodium bicarbonate
 - Massive MI – heart cath
 - Hypovolemia/hypotension – fluid placement
 - Pulmonary embolism – surgery
 - Drug overdose – Naloxone
 - Tension pneumothorax – chest decompression