



**PEDIATRIC CARDIAC  
PC-02**

**ASYSTOLE**

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Last Revision:  
09/06/2019

**History and Physical:**

Historical Findings	Physical Findings
<ul style="list-style-type: none"><li>Medical etiology</li><li>Search for likely etiology with focus on respiratory compromise</li></ul>	<ul style="list-style-type: none"><li>Unconscious</li><li>Pulseless</li><li>Agonal respirations; apnea</li><li>Asystole confirmed in two or more leads</li><li><b>Determine if resuscitation is medically inappropriate</b><ul style="list-style-type: none"><li>Normothermic with rigor-mortis</li><li>Injuries incompatible with life</li><li>Decomposition</li><li>Pulseless, apneic patients in multiple casualty situations</li><li>Proper DNR documentation</li></ul></li></ul>

**Assessment:**

- Cardiac Assessment

**Clinical Management Options:**

Interventions	Pharmacology
<ul style="list-style-type: none"><li>Continuous CPR</li><li>BVM ventilation with O<sub>2</sub>, OPA/NPA</li><li>Intubate</li><li>Vascular Access (IV/IO)</li><li>Fluid bolus PRN<ul style="list-style-type: none"><li>Assess for pulmonary edema</li></ul></li></ul>	<ul style="list-style-type: none"><li><b>Epinephrine</b> 0.01 mg/kg (0.1 ml/kg 1:10,000) IV/IO<ul style="list-style-type: none"><li>May repeat x 1</li><li>Emphasis on early administration</li></ul></li></ul>

**Consult:**

- none

**Considerations:**

- Focus on respiratory assessment
- Look for causes for asystolic rhythm
- 5 initial breaths if drowning in nature