



## ADULT CARDIAC ARREST ACA-04

## PULSELESS ELECTRICAL ACTIVITY

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### History and Physical:

Historical Findings	Physical Findings
<ul style="list-style-type: none"><li>Medical etiology</li></ul>	<ul style="list-style-type: none"><li>Pulseless and apneic with electrical activity</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>Lividity</li><li>Pulseless, apneic patients in multiple casualty situations</li><li>Proper DNR documentation</li></ul></li></ul>

### Assessment:

- Cardiac Assessment
- Evaluate 5 H's and T's early

Perform at least 20 minutes of quality compressions (verified by CPR feedback device if available) prior to moving patient unless environment is unsuitable.

**DO NOT INTERRUPT COMPRESSIONS FOR ALS PROCEDURES**

### Clinical Management Options:

Interventions	Pharmacology
<ul style="list-style-type: none"><li>Pit-Crew CPR</li></ul>	<ul style="list-style-type: none"><li><b>Epinephrine 1:10,000 or 1:1,000 1mg IV/IO</b><ul style="list-style-type: none"><li>May repeat x 1 q 3-5 minutes</li><li>Emphasis on early administration</li><li>If utilizing 1:1,000 dilute 1:10 with NS</li></ul></li></ul>

### Consult:

- After 20 minutes of high quality CPR with ALS interventions, consider Medical Termination Procedure. Decision should be based on responsiveness to intervention and  $\text{ETCO}_2$

### Considerations:

- CONSIDER Hs & Ts EARLY!
- Naloxone if suspected overdose
- Calcium and sodium bicarbonate if suspected hyperkalemia
- Sodium Bicarbonate for suspected toxins
- Remember that  $\text{ETCO}_2 < 10$  is highly predictive of a non-survivable state
- Consider Ultrasound prior to termination.