



ADULT CARDIAC ARREST ACA-02

ASYSTOLE

Page 1 of 1
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History and Physical:

Historical Findings	Physical Findings
<ul style="list-style-type: none">Medical etiology	<ul style="list-style-type: none">Pulseless and apneicAsystole confirmed in two or more leadsDetermine if resuscitation is medically inappropriate<ul style="list-style-type: none">Normothermic with rigor-mortisInjuries incompatible with lifeDecompositionLividityPulseless, apneic patients in multiple casualty situationsProper DNR documentation

Assessment:

- Cardiac Assessment

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">Pit-Crew CPR	<ul style="list-style-type: none">Epinephrine 1:10,000 or 1:1,000 1mg IV/IO<ul style="list-style-type: none">May repeat x 1 q 3-5 minutesEmphasis on early administrationIf utilizing 1:1,000 dilute 1:10 with NS

Consult:

- After 20 minutes of high quality CPR with ALS interventions, consider Medical Termination Procedure. Decision should be based on responsiveness to intervention and 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.