

Cardiac Arrest – Asystole/Pulseless Electrical Activity (PEA)	
ADULT	PEDIATRIC
BLS Procedures	
Initiate Cardiac Arrest Management (CAM) Protocol Airway management per VCEMS policy	
ALS Prior to Base Hospital Contact	
<p>Assess/treat causes IV/IO access</p> <ul style="list-style-type: none"> • PRESTO Blood Draw <p>Epinephrine</p> <ul style="list-style-type: none"> • IV/IO – 0.1mg/mL: 1 mg (10 mL) q 3-5 min <p>If suspected hypovolemia:</p> <ul style="list-style-type: none"> • Normal Saline <ul style="list-style-type: none"> ○ IV/IO bolus – 1 Liter <p>ALS Airway Management</p> <ul style="list-style-type: none"> • If unable to ventilate by BLS measures, initiate appropriate advanced airway procedures 	<p>Assess/treat causes IV/IO access</p> <ul style="list-style-type: none"> • PRESTO Blood Draw <p>Epinephrine 0.1mg/mL</p> <ul style="list-style-type: none"> • IV/IO – 0.01mg/kg (0.1 mL/kg) q 3-5 min <p>If suspected hypovolemia:</p> <ul style="list-style-type: none"> • Normal Saline <ul style="list-style-type: none"> ○ IV/IO bolus – 20 mL/kg • Repeat x 2 <p>ALS Airway Management</p> <ul style="list-style-type: none"> • If unable to ventilate by BLS measures, initiate appropriate advanced airway procedures in accordance with policy 710. <p>Make early Base Hospital contact for all pediatric cardiac arrests</p>
Base Hospital Orders only	
<p>Tricyclic Antidepressant Overdose</p> <ul style="list-style-type: none"> • Sodium Bicarbonate <ul style="list-style-type: none"> • IV/IO – 1 mEq/kg • Repeat 0.5 mEq/kg q 5 min <p>Beta Blocker Overdose</p> <ul style="list-style-type: none"> • Glucagon <ul style="list-style-type: none"> ○ IV/IO – 2 mg • May give up to 10mg if available <p>Calcium Channel Blocker Overdose</p> <ul style="list-style-type: none"> • Calcium Chloride <ul style="list-style-type: none"> ○ IV/IO – 1 g • Repeat x 1 in 10 min • Glucagon <ul style="list-style-type: none"> ○ IV/IO – 2 mg • May give up to 10mg if available <p>History of Renal Failure/Dialysis</p> <ul style="list-style-type: none"> • Calcium Chloride <ul style="list-style-type: none"> • IV/IO – 1 g • Repeat x 1 in 10 min • Sodium Bicarbonate <ul style="list-style-type: none"> • IV/IO – 1 mEq/kg • Repeat 0.5 mEq/kg q 5 min x2 	<p>Tricyclic Antidepressant Overdose</p> <ul style="list-style-type: none"> • Sodium Bicarbonate <ul style="list-style-type: none"> • IV/IO – 1 mEq/kg • Repeat 0.5 mEq/kg q 5 min <p>Beta Blocker Overdose</p> <ul style="list-style-type: none"> • Glucagon <ul style="list-style-type: none"> • IV/IO – 0.1 mg/kg • May give up to 10mg if available <p>Calcium Channel Blocker Overdose</p> <ul style="list-style-type: none"> • Calcium Chloride <ul style="list-style-type: none"> • IV/IO – 20 mg/kg • Repeat x 1 in 10 min • Glucagon <ul style="list-style-type: none"> • IV/IO – 0.1 mg/kg • May give up to 10mg if available <p>History of Renal Failure/Dialysis</p> <ul style="list-style-type: none"> • Calcium Chloride <ul style="list-style-type: none"> • IV/IO – 20 mg/kg • Repeat x 1 in 10 min • Sodium Bicarbonate <ul style="list-style-type: none"> • IV/IO – 1 mEq/kg • Repeat 0.5 mEq/kg q 5 min x2
Consult with ED Physician for further treatment measures	
<p>Additional Information:</p> <ul style="list-style-type: none"> • If sustained ROSC (> 30 seconds), perform 12-lead EKG. Transport to SRC. • If suspected hypovolemia, initiate immediate transport • In cases of normothermic cardiac arrest patients 18 years and older with unwitnessed cardiac arrest, adequate ventilations, vascular access, and persistent asystole or PEA despite 20 minutes of standard advanced cardiac life support, the base hospital should consider termination of resuscitation in the field. If transported, the patient may be transported Code 2. If unable to contact the base hospital, resuscitative efforts may be discontinued and patient determined to be dead. • If patient is hypothermic – only ONE round of medication administration prior to Base Hospital contact. Field determination of death is discouraged in these patients and they should be transported to the most accessible receiving facility. 	

Effective Date: July 1, 2018
Next Review Date: June 30, 2020

Date Revised: June 14, 2018
Last Reviewed: June 14, 2018



VCEMS Medical Director