

## ASYSTOLE / CARDIOPULMONARY ARREST

### **BLS ACTION/TREATMENT:**

#### **Initiate Cardiopulmonary Arrest Procedures**

- Stabilize:
  1. ABCs → Assure Airway is Open / Ventilate with BVM with oxygen attached / CPR.
  2. Apply AED (provide 2 minutes CPR prior to initial shock if un-witnessed arrest).
- Assessment:
  1. Check for pulse and spontaneous respiration.
  2. Determine if there are signs of trauma or injury.
- History:
  1. Document time of onset of cardiac arrest or if arrest was un-witnessed, when was patient last seen.
  2. Document if bystander CPR being performed upon BLS arrival.
  3. Document medical problems (particularly diabetes or renal dialysis) and medications. Document use of a patient's own medications immediately prior to or during BLS arrival.

### **ALS ACTION/TREATMENT:**

- Continue CPR.
- Monitor cardiac rhythm and document with rhythm strip.
- IV access.
- Treatment options:
  - Epinephrine: 1 mg 1:10,000 IVP/IO every 3 - 5 minutes.  
ET: 10 mg 1:1000 once.
  - Consider Atropine: 1 mg IVP/IO every 3 - 5 minutes to a maximum 3 mg.  
ET: Atropine 2 mg once.  
(If IV becomes established, atropine 2 mg ET = 1 mg IV)

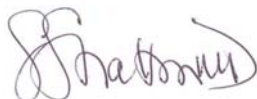
### **Pediatric:** (Use Length Based Resuscitation Tape to determine child's weight)

- Epinephrine: 1:10,000 0.01 mg/kg IVP/IO every 3-5 minutes.

**Boxed text indicates BH order**

Unboxed text indicates standing order

Approved:



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### NOTES:

Base Physician may order:

- Sodium bicarbonate in prolonged arrest, known renal failure or tricyclic overdose in adult and pediatric patients: 1 mEq/kg IVP/IO, then 0.5 mEq/kg IVP/IO every 10 minutes.

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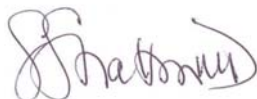
- Dextrose 50% if history of diabetes and on insulin or oral hypoglycemic medication.  
Pediatric patients: 1 mL/kg Dextrose 50% IVP/IO (if less than 2 years-old, Dextrose 25% 2 mL/kg IVP/IO).

BH physician may pronounce death in the field if no return of spontaneous pulse and respiration after resuscitative efforts (Reference: OCEMS P/P 350.50 Withholding Prehospital CPR for the Obviously Dead).

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