Adult Cardiac Arrest: Pulseless Electrical Activity (PEA)

I. All Provider Levels

1. Refer to the Patient Care Protocols.

2. Initiate CPR with BVM and 100% oxygen.

3. Attach AED and analyze rhythm.

> **Note Well:** *EMT-I and EMT-P should use monitor-defibrillator.*

4. Initiate advanced airway management with Combi-tube

> **Note Well:** *EMT-I and EMT-P should use ET intubation.*

5. Establish an IV of Normal Saline KVO, if not previously performed.

> **Note Well:** *An ALS Unit must be en route or on scene.*

II. Advanced Life Support Providers

1. Administer 1.0 mg Epinephrine 1:10,000 IVP every 3 - 5 minutes for the duration of the arrest.

> **Note Well:** *EMT-I and EMT-P should administer 2.0 mg Epinephrine 1:1,000 in 8 cc of normal saline via ET if IV access is unobtainable.*

> **Note Well:** *Epinephrine is not to be administered via the Combi-tube.*

II. Advanced Life Support Providers (continued)

2. If bradycardia exists concurrently with the PEA (rate <50), administer 1.0 mg Atropine IVP or 2.0 mg ET every 3 - 5 minutes up to a total dose of 0.04 mg/kg.

3. If bradycardia is refractory to Atropine, initiate transcutaneous pacing starting at a rate of 80 per minute and 20 mA of energy. Increase energy by increments of 5 mA until capture is obtained.

4. Consider possible causes and correct if possible.

   A. Hypovolemia
      i. Fluid bolus 500cc - 1,000 cc Normal Saline

   B. Hypoxia
      i. Adequate ventilation and oxygenation

   C. Tension Pneumothorax
      i. Needle decompression
         (Medical Control Option Only)

   D. Hypothermia
      i. Re-warming

   E. Hyperkalemia
      i Sodium Bicarbonate 1.0 mEq/kg IVP
         (Medical Control Option Only)
      ii. Calcium Chloride 0.5 - 1.0 gm IVP
         (Medical Control Option Only)

   F. Acidosis
      i. Sodium Bicarbonate 1.0 mEq/kg IVP
         (Medical Control Option Only)

II. Advanced Life Support Providers (continued)

G. Drug Overdose
   i. Narcan 2.0-4.0 mg
   ii. Sodium Bicarbonate 1.0 mEq/kg IVP
   (Medical Control Option Only)
   iii. Calcium Chloride 0.5 - 1.0 gm IVP
   (Medical Control Option Only)
   iiii. Glucagon 1.0 mg IVP q5 minutes to a total of 3mg
   (For Beta Blocker overdose)

III. Transport Decision

1. Transport to the closest appropriate open facility.

IV. The Following Options are Available by Medical Control Only

1. Calcium Chloride 0.5 - 1.0 gm IVP in suspected calcium channel blocker overdose.

2. Dextrose 50% 25 gms IVP if hypoglycemia is suspected.

3. Dopamine infusion of 5 - 20 ug/kg/min.

4. Nalaxone 2.0 mg to a maximum of 8.0 mg

5. Sodium Bicarbonate 1.0 mEq/kg IVP in tricyclic antidepressant overdose.

6. Repeat of any of the standing orders.

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