

# SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

Effective: 07/01/02

Protocol: P-009.1

## CARDIAC ARREST: ASYSTOLE

### SUBJECTIVE FINDINGS

- See CARDIAC ARREST: OVERVIEW Protocol (P-009)

### OBJECTIVE FINDINGS

- Patient apneic, pulseless and in asystolic rhythm on the monitor in two EKG leads

BLS Treatment	ALS Treatment
<ul style="list-style-type: none"><li>• Assess ABC's.</li><li>• Start CPR if indicated (See Policy 4050 Death in the Field).</li><li>• Ensure adequacy of CPR.</li><li>• Attach AED and utilize as required.</li><li>• Obtain quick, resuscitation-oriented patient history from by-standers if possible.</li></ul>	<ul style="list-style-type: none"><li>• Confirm asystole in two EKG leads.</li><li>• Ensure adequacy of CPR.</li><li>• Advanced Airway Management; confirm tube placement.</li><li>• IV of NS.</li><li>• <b>Epinephrine</b> (1:10,000) 1 mg IVP. Repeat q 3 to 5 min. until rhythm change or termination of resuscitation efforts.</li><li>• <b>Sodium Bicarbonate</b> 1mEq/kg IVP for suspected hyperkalemia (renal failure, dialysis, potassium ingestion), DKA, or tricyclic or Phenobarbital overdose;</li><li>• <b>Calcium Chloride</b> 1 gram slow IVP (over 1-2 minutes) for suspected hyperkalemia or calcium channel blocker overdose.</li></ul>

### DOCUMENTATION

- CPR performed.
- ALS or BLS airway management.
- **Epinephrine** given.
- **Atropine** given.

### PRECAUTIONS AND COMMENTS

- Consider termination of efforts if patient is unresponsive to initial treatments (See Policy 4050 Death in the Field).
- Document calibration spike and/or CPR compression to ensure that EKG monitor is functioning and electrodes and cables are properly attached.
- External pacing has not been shown to be effective in most patients presenting in bradysystolic cardiac arrest.