

PULSELESS ELECTRICAL ACTIVITY

ALWAYS USE BODY SUBSTANCE ISOLATION PRECAUTIONS

INDICATION


- Pulseless, apneic with rhythm that includes electromechanical dissociation (EMD), pseudo-electromechanical dissociation (pseudo-EMD), idioventricular rhythms, ventricular escape rhythms and bradycardia

<p> PHYSICIAN CONSULT</p> <ul style="list-style-type: none"> ▪ Field determination of death may be made after Physician Consultation.
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CRITICAL INFORMATION

- Witnessed or unwitnessed
- Bystander CPR

TREATMENT

- CPR
- ALS RMC
- Establish IV/ IO **NS** 250-500 ml fluid challenge then TKO
- Administer **Epinephrine** 1mg (1:10,000) IV/ IO. Repeat q 3-5 min.
- Heart rate < 60
 - Consider **Atropine** 1mg IV/ IO. Repeat q 3-5 min. to a total of 3 mg. If external cardiac pacer is readily available, consider pacing and refer to External Cardiac Pacing Procedure
- If rhythm converts with return of pulses, refer to appropriate protocol for further treatment and destination.
-  Consider field determination of death if patient remains in PEA and meets Determination of Death ALS criteria.

SPECIAL CONSIDERATIONS

- Establishment of IV/IO, airway and medication administration should occur during CPR and should not interrupt the CPR cycles
- Consider and treat possible contributing factors:

<ul style="list-style-type: none"> ▪ Hypovolemia ▪ Hypoxemia ▪ Hydrogen ion (acidosis) ▪ Hypo/Hyperkalemia ▪ Hypoglycemia ▪ Hypothermia 	<ul style="list-style-type: none"> ▪ Toxins (overdoses) ▪ Tamponade, cardiac ▪ Tension pneumothorax ▪ Thrombosis (coronary / pulmonary) ▪ Trauma
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- If hyperkalemia is suspected in renal dialysis patients, administer 500 mg of **10% Calcium Chloride** and 1 mEq/kg of **Sodium Bicarbonate** IV/ IO

DOCUMENTATION- ESSENTIAL ELEMENTS

- Time of pacing if applicable
- Witnessed or unwitnessed
- Bystander CPR

RELATED POLICIES/ PROCEDURES

- Determination of Death ALS ATG 6
- External Cardiac Pacing Procedure ALS PR 11