

ASYSTOLE

ALWAYS USE BODY SUBSTANCE ISOLATION PRECAUTIONS

INDICATION

- Pulseless, apneic with no electrical activity on cardiac monitor

CRITICAL INFORMATION

- Determination of death can be made immediately if all of the following are present:
 - Event was unwitnessed
 - Bystander CPR was not initiated
 - No AED used or manual shock applied
 - Asystole has been documented in two monitoring leads for one minute or in one lead if an AED is the only available monitor
- If all of the above criteria not met, begin treatment

TREATMENT

- CPR
- BLS/ ALS RMC
- IV/IO NS, 250-500 ml then TKO
- **Epinephrine** 1 mg (1:10,000) IV/IO; circulate for 2 min., check rhythm & pulse. MR q 3 -5 min
- **Atropine** 1 mg IV/IO; circulate for 2 min., check rhythm and pulse. Repeat q 3 - 5 min, max. dose 3 mg
- Establishment of IV/IO, airway and medication administration should occur during CPR and should not interrupt the CPR cycles.
- If hyperkalemia is suspected in renal dialysis patients, administer 500 mg of 10% **Calcium Chloride** and 1 mEq/kg of **Sodium Bicarbonate** IV/IO.
- If asystole is witnessed by paramedic or determined to be of short duration, and external cardiac pacer is readily available, refer to External Cardiac Pacing Procedure.
- If rhythm converts with return of pulses, refer to appropriate protocol for further treatment
- Consider field determination of death if patient remains in asystole and meets Determination of Death ALS criteria

SPECIAL CONSIDERATION

- 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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DOCUMENTATION- ESSENTIAL ELEMENTS

- Time pacing initiated if applicable
- Time death was determined

RELATED POLICIES/ PROCEDURES

- Determination of Death ALS Policy ATG 6
- Cardiac Pacing ALS PR 11