

ASYSTOLE

ACTION/TREATMENT:

- ABCs/CPR.
- Monitor cardiac rhythm.
- IV access, rate titrated to perfusion.
- Treatment options:
 - Epinephrine: 1 mg 1:10,000 IVP every 3 - 5 minutes.
 ET: 10 mg 1:1000 once.
 - Consider Atropine: If used: 1 mg IVP every 3 - 5 minutes to a maximum 3 mg.
 ET: Atropine 2 mg once.

Pediatric:

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

NOTES:

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

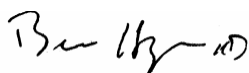
— Consider field pronouncement by BH physician if no return of spontaneous pulse and respiration after resuscitative efforts.

Reference: OCEMS P/P 350.50 Prehospital Determination of Death.

Boxed text indicates BH order

Unboxed text indicates standing order

Approved:



TxGuide98:cardiac:c-05:002f
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