

## DYSRHYTHMIAS: PULSELESS ELECTRICAL ACTIVITY (PEA)

### ACTION/TREATMENT:

- ABCs/CPR/monitor cardiac rhythm.
- IV access, rate titrated to perfusion. Fluid bolus as indicated by potentially correctable cause.
- Epinephrine: 1 mg 1:10,000 IVP every 3 - 5 minutes.  
ET: Epinephrine 1:1000 10 mg once.
- Atropine: for HR < 60: 1 mg IVP every 3 - 5 minutes to a maximum 3 mg.  
ET: 2 mg once.

### Pediatric

- Fluid bolus 20 mL/kg - reassess - repeat.
- Epinephrine: 1:10,000 0.01 mg/kg IVP every 3 - 5 minutes.

### NOTES:

- PEA includes pulseless electrical rhythms (otherwise known as electromechanical dissociation or organized electrical activity without palpable pulse) such as pulseless sinus rhythm, idioventricular rhythm, ventricular escape rhythm, bradysystolic rhythm.
- Pulseless or cardiac arrest patients with rapid tachycardias (usually over 160/min) may require treatment of the tachycardia before other treatment of PEA.

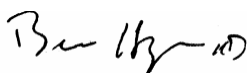
— Consider sodium bicarbonate only in prolonged arrest, known renal failure or tricyclic overdose in adult and pediatric patients: 1 mEq/kg IVP then 0.5 mEq/kg IVP every 10 minutes.

- Consider correctable causes of PEA:
  - Hypovolemia - most common cause.
  - Hypoxia.
  - Tension pneumothorax.
  - Metabolic causes:
    - Hyperkalemia.
    - Hypoglycemia.
    - Severe acidosis.
  - Drug OD.

Boxed text indicates BH order

Unboxed text indicates standing order

Approved:



TxGuide98:cardiac  
Implementation Date:7/31/06