



## Pulseless Electrical Activity



Legend	
Orange	EMR
Blue	EMT
Yellow	Intermediate
Green	Paramedic
Red	Medical Control

EMT	EMR	Not applicable. Emergency Medical Responders and Emergency Medical Technicians are not equipped with ACLS medications and shall treat the patient in accordance with current AHA guidelines and the system <i>Cardiac Arrest SMO</i> .	EMR	EMT
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I	<ol style="list-style-type: none"> <li><b>If not already dispatched, call for an ALS intercept</b></li> <li>Continue EMR/EMT care.</li> <li>Follow cardiac arrest protocol. Treat underlying cause if known. Assess for H's and T's as listed in the cardiac care thinking points (check glucose, treat overdose etc.). If hypoglycemic, give <b>Dextrose 50%</b> 25g IV push.</li> <li>Evaluate rhythm after 2 minutes CPR.</li> <li>Immediately resume CPR with <b>minimized interruptions</b>.</li> <li>While CPR continuing initiate IV/IO Normal Saline solution, administer a 20mL/kg bolus.</li> <li><b>Epinephrine:</b> (1:10,000) 1mg IV/IO.</li> <li>Continue CPR.</li> <li>May repeat <b>Epinephrine</b> every 3 – 5 minutes while rhythm persists.</li> <li>If no pulse, repeat fluid bolus 20mL/kg.</li> <li><b>ALS only</b> Consider <b>Sodium Bicarb</b> 50-100 mEq IV if evidence of dialysis patient or TCA overdose.</li> <li><b>ALS only-</b> administer <b>Calcium Chloride IV/IO</b> 1g over 2 min for known dialysis patients, <b>call Medical Control for further doses or questions.</b></li> <li>Transport as soon as possible, if ROSC is achieved.</li> <li><b>Contact receiving hospital as soon as possible.</b></li> </ol>	I
P		P
MC		MC

**\*\* NOTE:** If patient has history of renal disease or is known dialysis patient, do not give excessive fluids.