

Pulseless Electrical Activity (PEA) / Asystole (Adult)**Paramedic**

1. Continue CPR with minimal interruption.
2. For suspected tension pneumothorax, follow Appendix O (Needle Decompression of Tension Pneumothorax).
3. Perform advanced airway management.
4. Intravascular access.
5. Administer Epinephrine 1 mg (10 ml of a 1:10,000 Solution) IV bolus.
6. Obtain a blood glucose level.
 - a. If the glucometer reading is below 60 mg/dL, administer up to 25 gm of Dextrose, IV bolus.
7. If there is no return of spontaneous circulation (ROSC), administer Epinephrine 1 mg (10 ml of a 1:10,000 solution), IV bolus, every 3-5 minutes.
8. After 20 minutes of ALS Standing Orders, consider contacting Online Medical Control if contact has not already been made, for additional orders, or termination of resuscitation.

● Paramedic STOP**Medical Control Options**

If there is insufficient improvement in hemodynamic status:

1. Administer Sodium Bicarbonate 44-88 mEq IV bolus.
 - a. Repeat doses of Sodium Bicarbonate 44 mEq, IV bolus, may be given every 10 minutes.
2. In cases of suspected hyperkalemia or Calcium Channel Blocker overdose, administer Calcium Chloride (CaCl₂) 1 gm, **slowly**, IV bolus. Follow with a crystalloid fluid flush.
3. Crystalloid fluid, up to three (3) liters.

Key Points / Considerations

1. Do not interrupt compressions for placement of an advanced airway.
2. Consider the possibility of conditions masquerading as PEA/Asystole which require immediate treatment.
3. If the glucometer reading is above 60 mg/dL, Dextrose should be withheld.
4. Calcium Chloride and Sodium Bicarbonate should be given in separate IV lines or separated by a flush of at least 20 ml of crystalloid fluid.