

## ASYSTOLE /PEA

- 1) Confirm cardiac arrest (unresponsive, pulseless, breathless, no evidence of trauma)
- 2) **Check for EMS/DNR bracelet, DNR order, or signs of obvious death. Confirm with medical control as per Death Protocol and discontinue resuscitation.**
- 3) A full two minutes (5 cycles) of C.P.R. (one cycle of CPR: 30 compressions then 2 breaths) must be performed with minimal interruptions in chest compressions (Ventilate with **100% oxygen AVOID HYPERVENTILATION—8-10 BREATHS PER MINUTE**)
- 4) Cardiac monitor or paddle pick-up
- 5) **IV/IO LR/NS** TKO,
  - a) Pediatric fluid bolus of 20ml/kg. May be repeated to a max of 60ml/kg.
- 6) **Epinephrine**, 1:10,000, 1.0 mg IV/IO (repeat every 3-5 minutes)
  - a) Pediatric epinephrine dose – 0.01mg/kg, up to 1mg max per dose.
- 7) Consider **Atropine**, 1.0 mg IV/IO (may repeat 1.0 mg IV/IO in 3-5 minutes, 0.04 mg/kg maximum)
- 8) Consider advanced airway management
- 9) **Contact Medical Control**
  - a) Medical Control Options
    - i) Terminate resuscitation
- 10) Transport to the closest hospital
- 11) Consider Hypovolemia, Hypoxia, Hydrogen (Acidosis), Hypo-or HyperKalemia, Hypoglycemia, Hypothermia, Toxins, Tamponade, Tension Pneumothorax, Thrombosis (coronary or pulmonary), Trauma