

Cardiac Arrest – Asystole/Pulseless Electrical Activity (PEA)	
ADULT	PEDIATRIC
BLS Procedures	
Initiate Cardiac Arrest Management (CAM) Protocol Airway management per VCEMS policy	
ALS Standing Orders	
<p>Assess/treat causes IV/IO access</p> <ul style="list-style-type: none"> • PRESTO Blood Draw <p>Epinephrine</p> <ul style="list-style-type: none"> • IV/IO – 0.1mg/mL: 1 mg (10 mL) q 3-5 min <p>If suspected hypovolemia:</p> <ul style="list-style-type: none"> • Normal Saline <ul style="list-style-type: none"> ○ IV/IO bolus – 1 Liter <p>ALS Airway Management</p> <ul style="list-style-type: none"> • If unable to ventilate by BLS measures, initiate appropriate advanced airway procedures 	<p>Assess/treat causes IV/IO access</p> <ul style="list-style-type: none"> • PRESTO Blood Draw <p>Epinephrine 0.1mg/mL</p> <ul style="list-style-type: none"> • IV/IO – 0.01mg/kg (0.1 mL/kg) q 3-5 min <p>If suspected hypovolemia:</p> <ul style="list-style-type: none"> • Normal Saline <ul style="list-style-type: none"> ○ IV/IO bolus – 20 mL/kg <ul style="list-style-type: none"> • Repeat x 2 <p>ALS Airway Management</p> <ul style="list-style-type: none"> • If unable to ventilate by BLS measures, initiate appropriate advanced airway procedures in accordance with policy 710. <p>Make early Base Hospital contact for all pediatric cardiac arrests</p>
Base Hospital Orders only	
<p>Tricyclic Antidepressant Overdose</p> <ul style="list-style-type: none"> • Sodium Bicarbonate <ul style="list-style-type: none"> • IV/IO – 1 mEq/kg <ul style="list-style-type: none"> • Repeat 0.5 mEq/kg q 5 min <p>Beta Blocker Overdose</p> <ul style="list-style-type: none"> • Glucagon <ul style="list-style-type: none"> ○ IV/IO – 2 mg <ul style="list-style-type: none"> • May give up to 10mg if available <p>Calcium Channel Blocker Overdose</p> <ul style="list-style-type: none"> • Calcium Chloride <ul style="list-style-type: none"> ○ IV/IO – 1 g <ul style="list-style-type: none"> • Repeat x 1 in 10 min • Glucagon <ul style="list-style-type: none"> ○ IV/IO – 2 mg <ul style="list-style-type: none"> • May give up to 10mg if available <p>History of Renal Failure/Dialysis</p> <ul style="list-style-type: none"> • Calcium Chloride <ul style="list-style-type: none"> • IV/IO – 1 g <ul style="list-style-type: none"> • Repeat x 1 in 10 min • Sodium Bicarbonate <ul style="list-style-type: none"> • IV/IO – 1 mEq/kg <ul style="list-style-type: none"> • Repeat 0.5 mEq/kg q 5 min x2 	<p>Tricyclic Antidepressant Overdose</p> <ul style="list-style-type: none"> • Sodium Bicarbonate <ul style="list-style-type: none"> • IV/IO – 1 mEq/kg <ul style="list-style-type: none"> • Repeat 0.5 mEq/kg q 5 min <p>Beta Blocker Overdose</p> <ul style="list-style-type: none"> • Glucagon <ul style="list-style-type: none"> • IV/IO – 0.1 mg/kg <ul style="list-style-type: none"> • May give up to 10mg if available <p>Calcium Channel Blocker Overdose</p> <ul style="list-style-type: none"> • Calcium Chloride <ul style="list-style-type: none"> • IV/IO – 20 mg/kg <ul style="list-style-type: none"> • Repeat x 1 in 10 min • Glucagon <ul style="list-style-type: none"> • IV/IO – 0.1 mg/kg <ul style="list-style-type: none"> • May give up to 10mg if available <p>History of Renal Failure/Dialysis</p> <ul style="list-style-type: none"> • Calcium Chloride <ul style="list-style-type: none"> • IV/IO – 20 mg/kg <ul style="list-style-type: none"> • Repeat x 1 in 10 min • Sodium Bicarbonate <ul style="list-style-type: none"> • IV/IO – 1 mEq/kg <ul style="list-style-type: none"> • Repeat 0.5 mEq/kg q 5 min x2
Consult with ED Physician for further treatment measures	
<p>Additional Information:</p> <ul style="list-style-type: none"> • If sustained ROSC (> 30 seconds), activate VF/VT alarm and initiate post arrest resuscitation as outlined in Policy 733: Cardiac Arrest management and Post Arrest Resuscitation. • For termination of resuscitation, transport decisions, and use of base hospital consult reference Policy 733: Cardiac Arrest Management and Post Arrest Resuscitation. • If patient is hypothermic – only ONE round of medication administration prior to Base Hospital contact. Field determination of death is discouraged in these patients and they should be transported to the most accessible receiving facility. 	

Effective Date: June 1, 2019
Next Review Date: June 30, 2021

Date Revised: May 9, 2019
Last Reviewed: May 9, 2019



VCEMS Medical Director