CARDIAC ARREST - NON-SHOCKABLE RHYTHM

ALL PROVIDERS

- Routine Medical Assessment and Intervention.
- Immediately initiate CPR per current AHA guidelines for approx 2 minutes while attaching defibrillator.
- Analysis of rhythm indicates "NO SHOCK ADVISED"
- Continue CPR immediately.
- Sequence noted at right:
  - Minimize interruptions of chest compressions. AED may be used in adults as well as pediatrics over age one year. Use anterior-posterior pad placement in peds.
  - Concurrent use of Airway guideline.
  - Determine underlying cause of arrest
  - All providers should pause compressions for ventilations if basic airway in place.
  - If advanced airway is in place, all providers should:
    - Perform continuous chest compressions.
    - Perform continuous ventilations.

ADULT

EMT-BASIC

- Control airway per airway guideline

EMT-INTERMEDIATE

- If rhythm changes, go to appropriate guideline.
- IV TKO (If volume loss, give 500cc fluid challenge).

During every other 2 minute period of CPR administer:
- Epi 1:10,000, 1 mg IV or IO, repeat q 3-5 min.

ASYSTOLE

- Ensure all leads are secured to the patient
- Look for other causes (H's & T's)

PEA

- Administer fluid challenge of up to 1000ml.
- Look for other causes (H’s & T’s)

EMT-PARAMEDIC

- Refer to appropriate clinical guideline and/or procedure for underlying identified causes. (e.g., Needle Decompression for Tension Pneumothorax)

PEDIATRIC

EMT-BASIC

- See BSA tape.

SAME AS ADULT EXCEPT;
- Epi 1:10,000 0.1 mL/kg (0.01mg/kg) IV or IO q 3-5 minutes. If ETT route used then 0.1mL/kg of 1:1000 (0.1mg/kg)
- Fluid challenge of NS 20ml/kg, repeat PRN.

EMT-INTERMEDIATE

- Refer to appropriate clinical guideline and/or procedure for underlying identified causes. (e.g., Needle Decompression for Tension Pneumothorax)

EMT-PARAMEDIC

CONSIDERATIONS

- Consider "H's" & "T's" causes of Asystole/PEA:
  - Hypovolemia
  - Hypoxia
  - Hydrogen ion (acidosis)
  - Hypo-Hyperkalemia
  - Hypothermia
  - Toxins
  - Tamponade
  - Tension Pneumo
  - Thrombosis (coronary, pulmonary)
  - Trauma

- NOTE: Obtaining POLST information as early as possible in the resuscitative effort to ensure wishes of patient are honored.
- Contact medical control for transport determination and/or discontinuation of resuscitative efforts.