ASYSTOLE
or
PULSELESS ELECTRICAL ACTIVITY (PEA)

Assess CAB’s and Begin CPR
Attach monitor / defibrillator
Administer Oxygen
Continue CPR in 2 minute cycles
Stop briefly every 2 min to assess
↓
[Secondary procedures]
Secure Airway & Establish IV or IO with NS or LR during CPR
↓
Given during CPR
Epinephrine 1mg (as soon as possible)
Continue CPR
↓
Give Epinephrine Q 3 - 5 min
Continue CPR
While searching for reversible causes:
↓
Evaluate for & treat reversible causes anytime during the sequence
Hypoxia
Hypovolemia
Hydrogen ion (acidosis)
Hyper/Hypokalemia
Hypothermia
Toxins (overdose)
Thrombosis - Pulmonary
Thrombosis – Coronary
Tamponade - (Cardiac)
Tension Pneumothorax

*If patient remains in asystole or other agonal rhythms after successful airway control and initial medications and no reversible causes are identified, consider termination of resuscitative efforts

To work on Asystole or PEA:

Think DEAD: Do CPR, Epi, And, Do it again or

Think PEA (for both PEA and Asystole) Push Epi And… Consider the cause