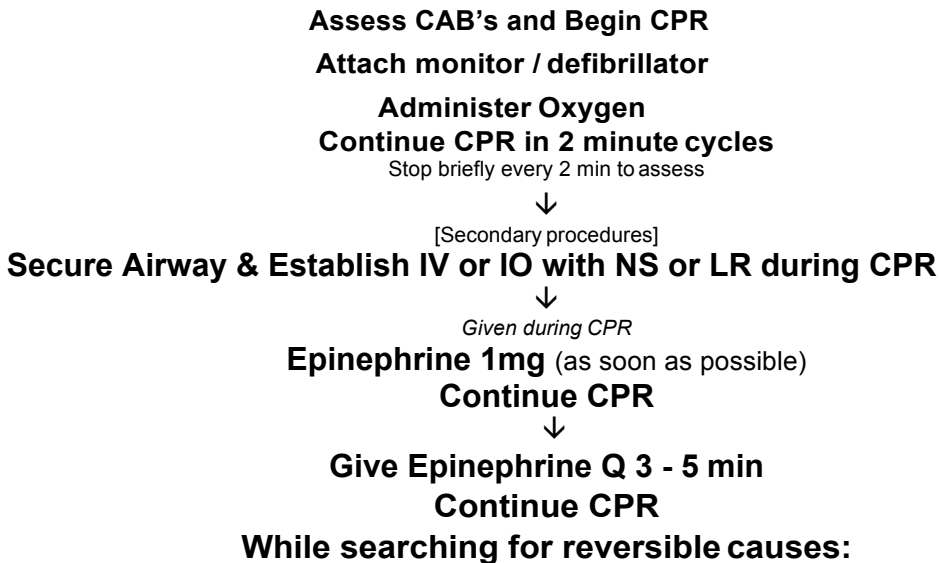


ASYSTOLE or PULSELESS ELECTRICAL ACTIVITY (PEA)



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**



Tips for successfully managing this case:

- ☞ Don't forget:
 - Continue CPR throughout
 - Monitor for effective CPR - Use ETCO₂
 - 2" compression
 - Full recoil
 - No rush to intubate
 - Start/upgrade IV or IO
 - Gather focused history

Primary goal: continue effective CPR followed by rotating medications.

*Verbalize appropriate drug, dose, route, flush, and reevaluate patient every 2 minutes.

Once a rhythm is restored, maintain ventilations as appropriate then stabilize in order:

1. Rate
2. Rhythm
3. Blood pressure



To work on Asystole or PEA:

Think **DEAD**: **D**o CPR, **E**pi, **A**nd, **D**o it again or

Think **PEA** (for both PEA and Asystole) **P**ush **E**pi **A**nd... Consider the cause