

Marquette County EMS Medical Control Authority

Part 1 Section 1

Cardiac Problems - Asystole

ALS Protocol

This Protocol will always be used in conjunction with the Cardiac Arrest Protocol

Utilize Universal Precautions
Initiate CPR
Evaluate/maintain airway. See Airway/Oxygen Procedure
Provide oxygen & support ventilation per Airway/Oxygen Procedure

-No Asystolic patient may be transported prior to medical control contact. If extenuating circumstances suggest that transport may be indicated, contact medical control ASAP.
-Asystole is verified in two EKG leads.
-Pulse oximetry and CO² monitoring in low perfusion states may be unreliable.

Consider TCP¹
Establish IV Access

Consider Possible Causes:
1. Hypoxia (ventilation)
2. Acidosis (Ventilation, Consider Bicarb)
3. Drug Overdose (See Overdose protocol)
4. Hypothermia (See hypothermia protocol)
5. Hyperkalemia
6. Hypokalemia

Epinephrine 1mg of 1:10,000 IVP in adults. (0.01 mg/kg in peds) (0.1 ml/kg)
a. If IV not established, administer Epi endotracheally.
Adults, 2.5 mg of Epi 1:1,000 diluted with NS to 10 ml
Peds, 0.1 mg/kg of Epi 1:1,000(max of 2mg) diluted to 1ml/kg with NS to max of 10ml
b. Repeat Epinephrine 1:10,000 1mg IVP after 3-5 min [0.01 mg/kg(0.1 ml/kg) in peds]

Atropine 1mg IVP(2mg ET) in adult.
[(0.02 ml/kg in peds) min dose 0.1 mg; max dose 1.0 mg]
Repeat every 3-5 min to total of 0.04 mg/kg

Notes:
-Following second dose of epinephrine IVP and having a IV established, paramedics must utilize either escalating to high dose(0.1 mg/kg) or high dose(0.1 mg/kg) method for remainder of arrest.
-When resuscitative efforts are terminated by Medical Control physician, record the time of death.
-Pulse oximetry and CO₂ monitoring in low perfusion states may be unreliable.

Epinephrine: Either escalating dose 3mg; 5mg to high dose(0.1 mg/kg) or high dose(0.1 mg/kg) IVP every 3-5 min. Repeated at 3-5 min interval IVP throughout remainder of arrest.

Consider Bicarb 1 mEq/kg IVP (Adult and peds) 1 dose only
Administer if pt has been down more than 10 min

Transport Patient

Contact Medical Control

Possible Post Contact Orders:
-Terminate resuscitative efforts; may not be indicated in electrocution, drowning, hypothermia or pediatrics.
-Transport; further orders per medical control.

1. Consider Pacing when suspecting that pt. has recently gone into asystole or something you did converted the pt into asystole (ie. defib into asystole). Pacing a pt presenting in asystole with long down time is not indicated.

Authentication And Approval:

Marquette County EMS Medical Director
Effective Date: 10/19/89, Revision Date: 5/5/98

Date: