

Marquette County EMS Medical Control Authority

Part 1 Section 1

Cardiac Problems - Pulseless Electrical Activity(PEA)

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

This Protocol includes:

- Electromechanical Dissociation (EMD)
- Pseudo-EMD
- Idioventricular rhythms
- Ventricular Escape rhythms
- Bradycardic rhythms
- Post Defibrillation idioventricular rhythms

Establish IV Access
Fluid Bolus

Consider Possible Causes:

1. Hypoxia (ventilation)
2. Hypovolemia (Volume Infusion)
3. Tension Pneumothorax (Needle decompression)
4. Acidosis (Ventilation, Consider Bicarb)
5. Drug Overdose (See Overdose protocol)
6. Pericardial Tamponade
7. Hypothermia (See hypothermia protocol)
8. Massive AMI
9. Massive Pulmonary Embolism

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]

Notes:

-Following second dose of epinephrine IVP and having a IV established, paramedics must utilize either escalating to high dose or high dose method for remainder of arrest.

If Electrical complexes are <60 Administer **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

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.

Transport Patient

Contact Medical Control

Authentication And Approval:

Marquette County EMS Medical Director

Date:

Effective Date: 10/19/89; Revision Date: 5/5/98