

ASYSTOLE*/PEA

1. Perform CPR.
2. Establish advanced airway (**endotracheal intubation** or advanced supraglottic airway).
3. Establish IV/IO[†] access.
4. Administer 1 mg of **epinephrine** IV/IO q 3-5 minutes until Return of Spontaneous Circulation (ROSC) or termination of resuscitation.
5. Search for and treat possible causes (5 **H's** and 5 **T's**).

The 5 H's	The 5 T's
Hypovolemia	Tension pneumothorax
Hypoxia	Tamponade, cardiac
Hydrogen ion – acidosis	Toxins
Hypo-/hyperkalemia	Thrombosis, pulmonary
Hypothermia	Thrombosis, coronary

*Rhythm diagnosis should be documented in 2 leads.

† May be administered via the endotracheal tube if IV/IO access cannot be established. ET dose is double the IV dose.