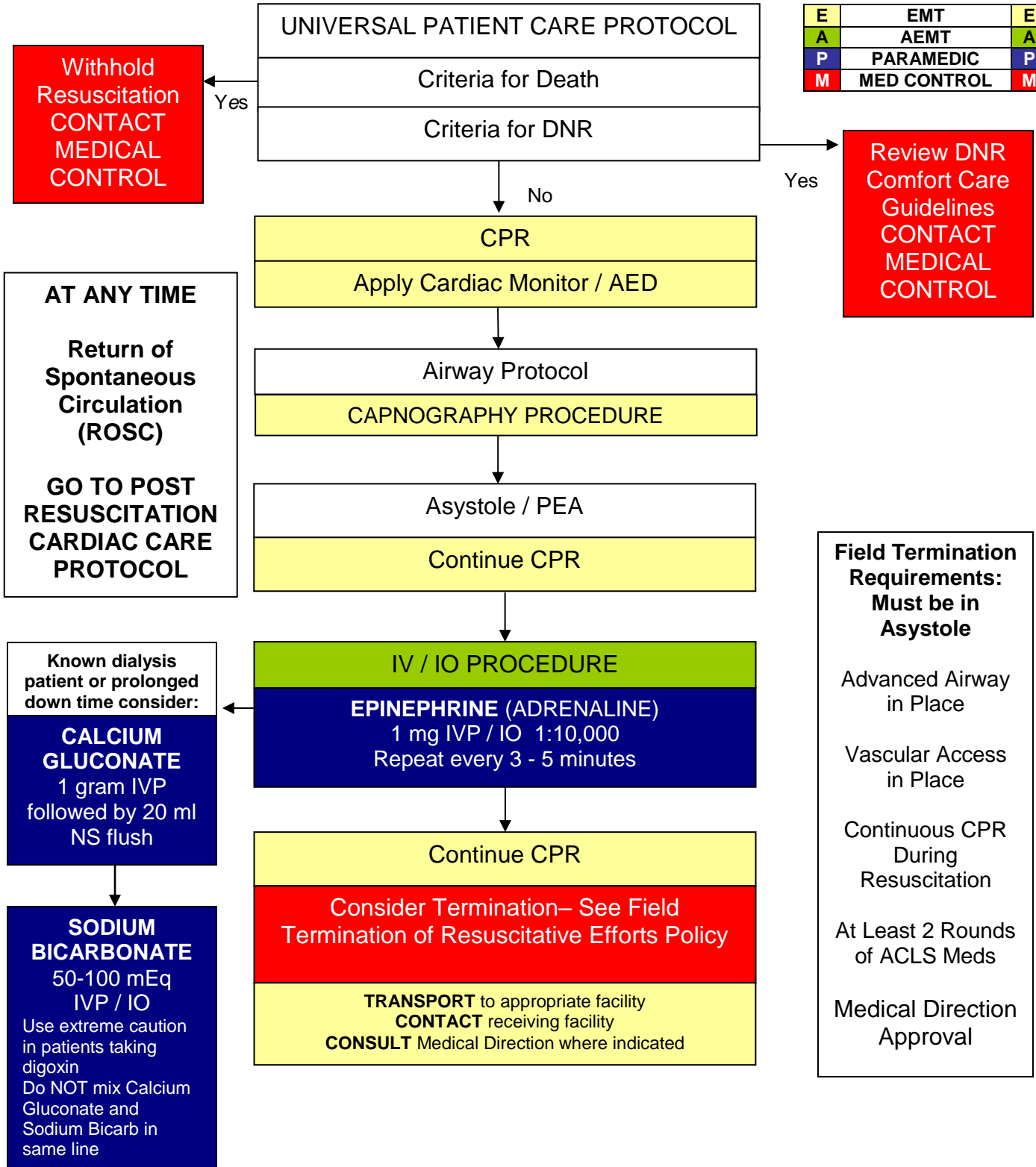




Section 4: Adult ACLS Protocols

ADULT ACLS: ASYSTOLE/PULSELESS ELECTRICAL ACTIVITY (PEA)

E	EMT	E
A	AEMT	A
P	PARAMEDIC	P
M	MED CONTROL	M





Section 4: Adult ACLS Protocols

ADULT ACLS: ASYSTOLE/PULSELESS ELECTRICAL ACTIVITY (PEA)-Cont.

PEARLS and KEY POINTS

HISTORY	SIGNS AND SYMPTOMS	DIFFERENTIAL DIAGNOSIS
<ul style="list-style-type: none"> • Past medical history • Medications • Events leading to arrest • End stage renal disease • Estimated downtime • Suspected hypothermia • Suspected overdose • DNR • Tricyclics • Digitalis • Beta blockers • Calcium channel blockers 	<ul style="list-style-type: none"> • Pulseless • Apneic • No electrical activity on ECG • Cyanosis 	<ul style="list-style-type: none"> • Medical vs. trauma • Hypoxia • Potassium (hypo / hyper) • Acidosis • Hypothermia • Device (lead) error • Death • Hypovolemia • Cardiac tamponade • Drug overdose (Tricyclics, digitalis, beta blockers, calcium channel blockers) • Massive myocardial infarction • Tension pneumothorax • Pulmonary embolus

CONSIDER TREATABLE CAUSES	
<ul style="list-style-type: none"> • Hypovolemia • Hypo-hyperkalemia • Hypoxia • Hypoglycemia • Hydrogen ion (acidosis) • Hypothermia 	<ul style="list-style-type: none"> • Toxins • Tamponade (cardiac) • Tension pneumothorax • Thrombosis (coronary or pulmonary) • Trauma

- Exam: Mental Status
- Always minimize interruptions to chest compressions.
- Always confirm asystole in more than one lead.
- Consider each possible cause listed in the differential: Survival is based on identifying and correcting the cause!
- Discussion with Medical Control can be a valuable tool in developing a differential diagnosis and identifying possible treatment options.
- If the patient converts to another rhythm, refer to the appropriate protocol and treat accordingly.
- Early identification and treatment of reversible causes of PEA increases the chance of a successful outcome.
- Consider volume infusion for all patients in PEA. Be alert for fluid overload.
- Treat as ventricular fibrillation if you cannot differentiate between asystole and fine ventricular fibrillation.
- Dextrose 50% (D50) or Dextrose 10% (D10) should only be administered to a patient with a confirmed blood glucose level less than 60 mg / dl.