ALS Pulseless Electrical Activity (PEA)

AUTHORITY: Division 2.5, Health and Safety Code, Sections 1797.220 & 1789 et seq.

PROCEDURE:

I. Confirm pulselessness and rhythm.

II. **Perform immediate, effective CPR** Immediately perform compressions and follow the MICR Algorithm.

III. **Continue CPR, maintain patent airway with 100% oxygen via BVM. Establish an advanced airway.**

IV. Establish IV/IO of normal saline. Administer rapid infusion until systolic BP is greater than 90 mmHg or 2 liters has been infused; then reduce infusion rate TKO.

V. Consider reversible causes and treat as indicated:

   A. Hypovolemia – Start 2 large bore IV/IO lines and administer rapid 2 liter volume infusion of normal saline. Continue infusions of normal saline in 250 ml bolus increments until systolic BP is greater than 90 mmHg.
   
   B. Hypoxia – Continue to administer 100% oxygen and manage ventilations as needed.
   
   C. Tension pneumothorax.
   
   D. IDDM and Dialysis (Acidosis) – Administer 1 mEq/kg of Sodium Bicarbonate IVP/IO.
   
   E. Cardiac tamponade – Continue CPR.
   
   F. Drug overdoses – Administer reversal agents as indicated. Contact Base Hospital Physician for orders if necessary.
   
   G. Hypothermia – Initiate rewarming interventions.
   
   H. Renal Failure/Dialysis (Hyperkalemia) - Administer 500 mg of 10% Calcium Chloride and 1 mEq/kg of Sodium Bicarbonate IVP/IO.

VI. Administer Epinephrine 1 mg (1:10,000) IVP/IO.

VII. Continue CPR for 5 cycles/2 minutes and recheck pulse/rhythm.

VIII. For heart rates less than 30, if the patient remains pulseless and apneic following fifteen (15) minutes and five (5) rounds of **(Epinephrine)** ALS resuscitative measures, ALS...
personnel shall contact the Base Hospital Physician and request permission to determine if the patient should be transported or to discontinue resuscitative measures.