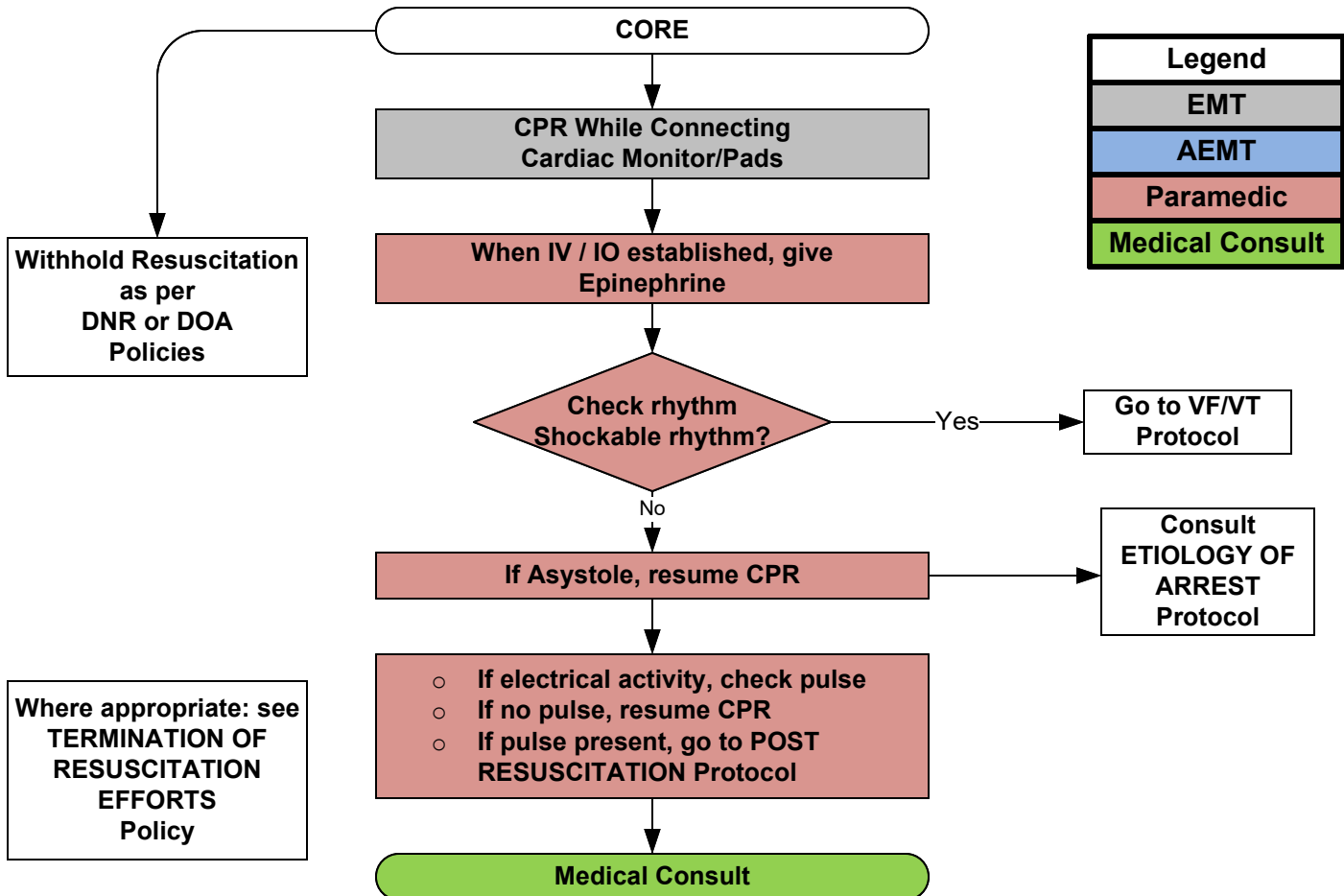


ASYSTOLE/PEA

History: - o SAMPLE - o Events leading to arrest - o End stage renal disease - o Estimated downtime - o Suspected hypothermia - o Suspected overdose - o DNR or Living Will	Signs and Symptoms: - o Pulseless - o Apneic - o Cyanosis	Differential: - o Medical or Trauma - o Hypoxia - o Potassium (hypo / hyper) - o Drug overdose - o Acidosis - o Hypothermia - o Device (lead) error - o Death
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Pearls:

- o CORE Protocol incorporates checking responsiveness, airway management including positive pressure ventilations, and high quality CPR.
- o Keys to an effective cardiac arrest resuscitation effort includes using the CPR-HD script, timing device (stop-watch), and a metronome if available.
- o For adults with unmonitored cardiac arrest, CPR should be initiated while the defibrillator is being applied and charged. A rhythm check and defibrillation, if indicated, should immediately follow the charge.
- o High quality CPR with minimal interruptions have a greater impact on patient outcome than any intervention. Deliver continuous chest compressions (minimum 100 and no more than 120 per minute) without pause for ventilations. Ventilations should be no more than 10 per minute. **AVOID Hyperventilation!**
- o Initial efforts should be concentrated on resuscitation. The resuscitation attempt should continue on scene for a minimum of 30 minutes unless extenuating circumstances exist.
- o If the patient arrests or re-arrests en route, it is appropriate to pull over on the side of the road in a safe place to manage the cardiac arrest.
- o IV/IO are the preferred routes of medications administration and initiation of an IV/IO takes precedence over securing an advanced airway. ET is no longer an acceptable route for medication administration.