



## San Benito County Emergency Medical Services Agency

### CARDIAC ASYSTOLE

Policy : C1  
Effective : May 1, 2014  
Reviewed : March 1, 2014

#### I. BLS Treatment Protocol:

- A. Treat life threats. (See Policy 4000)
- B. Prepare for transport / transfer of care.

#### II. ALS Treatment Protocol:

- A. Treat life threats. (See Policy 4000)
- B. Cardiac Monitor- confirm asystole in 2 leads.
- C. Epinephrine 1mg IVP/IO. Repeat every 3-5 minutes at 1mg.
- D. If the patient remains unresponsive to treatment despite the thorough implementation of this protocol, paramedics may consider making a field determination of death as outlined in Policy 1140.

#### Notes:

1. Certain patients in asystole are more likely candidates for transport- for example, patients who are hypothermic, drug-overdosed, or who have been electrocuted.
2. Cardiac arrest in known dialysis patients: paramedics may administer sodium bicarbonate 1 mEq/kg IV/IO along with calcium chloride 1 gram IV/IO to those patients currently receiving dialysis in order to treat possible hyperkalemia.
3. If a return of spontaneous circulation (ROSC) is achieved, paramedics should follow these guidelines for post-arrest management:
  - **Maintain O2 saturations (SpO2) at 95% or better using the lowest concentration of O2 possible.**  
If the patient has high O2 saturations, titrate O2 concentrations down to the lowest concentration necessary to achieve this saturation level. Ventilation on room air is optimal if saturations can be maintained.

- **Ventilate the patient** 10-12 breaths per minute to achieve an end tidal CO<sub>2</sub> of 35 – 45 mmHg. **No hyperventilation!**
- **Maintain a minimum systolic BP of 90 mmHg.** Use IV fluids and dopamine starting at 5 – 10 mcg/kg/minute to a total of 20 mcg/kg/minute to achieve this. If the patient's BP is 100 systolic or higher, there is no need for any further circulatory support.
- **Manage post-arrest arrhythmias as needed.**