

**ASYSTOLE (Ventricular)  
PROTOCOL**

**Purpose:** To provide a process for the assessment and management of the patient in ventricular asystole.

**NOTE:** This protocol will ALWAYS be used in conjunction with the Cardiac Arrest Protocol.

**NOTE:** NO ASYSTOLIC PATIENT MAY BE TRANSPORTED PRIOR TO MEDICAL CONTROL CONTACT. IF EXTENUATING CIRCUMSTANCES SUGGEST THAT TRANSPORT MAY BE INDICATED, CONTACT MEDICAL CONTROL ASAP.

**M B S P****I. Assessment Information**

- A. Cardiac arrest is confirmed by finding no breathing or pulse present.
- B. Asystole is verified in two EKG leads.
- C. Consider possible causes of cardiac arrest: hypoxia, hyperkalemia, hypokalemia, pre-existing acidosis, drug overdose, hypothermia.

**II. Management**

- A. Utilize universal precautions.
- B. Initiate or continue CPR per current AHA/ARC guidelines.
- C. Evaluate and maintain airway, provide oxygen and support ventilations.

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- D. Transcutaneous pacing if available, may be done concurrently with IV placement and medication administration.

**S P**

- E. Obtain vascular access.
  1. IV may be attempted simultaneously with intubation.

**P****F. Medication Administration**

1. **Epinephrine** 1 mg of 1:10,000 (10 ml) IVP in adult [0.01 mg/kg (0.1 ml/kg) IVP in peds]
  - a. If IV not established, administer Epi endotracheally
    - 1) In adults, 2 mg of Epi 1:1000 diluted with Normal Saline to 10 ml.
    - 2) In peds, 0.1mg/kg of Epi 1:1000 (max of 2 mg) diluted to 1 ml/kg with Normal Saline, max of 10 ml endotracheally.
    - 3) Repeat ET dose every 3-5 min. if IV not established.
2. **Atropine** 1 mg IVP or (2 mg if ET) in adult  
Peds: [0.02 mg/kg IVP (0.2 ml/kg), minimum dose 0.1 mg; max. dose 0.5 mg for single dose] (Double the IV dose if given ET)
  - a. Repeat **atropine** 1mg IVP every 3-5 min. to max of 3 mg.  
Peds: (0.02mg/kg to max of 1mg total)
3. **Repeat Epinephrine** 1mg 1:10,000 IVP every 3-5 min. after initial dose [Peds: 0.1mg/kg (0.1 ml/kg of 1:1000)]
  - a. **Epinephrine Drip** may be established after second Epi bolus: 30 mg of 1:1000 solution into 100 cc of D<sub>5</sub>W (concentration of 230 mcg/ml). Run drip at 4 ml/min (240 gtts/min) (4gtts/sec)(920 mcg/min).

**EPI DRIP IS NOT TO BE USED IN PEDS.**

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4. **Sodium Bicarbonate** 1 mEq/kg (adult or peds) - in pediatric pts. < 1 yr. old, the bicarbonate solution should be diluted to 4.2% with

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normal saline.

- a. Administer if patient has been down 10 minutes or more
- b. Authorization is limited to one dose only

CONTACT MEDICAL CONTROL

- P**
- G. Possible orders post-radio contact:**
1. **Terminate resuscitative efforts\***
    - a. Resuscitation termination may not be indicated in electrocution, drowning, hypothermia or pediatric patients.
  2. **Calcium chloride 1 gm IVP** (for renal failure patients only)
  3. Transport and further orders only upon physician direction.
- III. \* NOTE:**
- A. When contacting Medical Control, initiate the radio conversation with "**This is an asystolic patient call.**"
  - B. When resuscitative efforts are terminated by Medical Control physician, record the time.
  - C. Notify police authority, if not already present, and request medical examiner for County where the death occurred. Removal of the body must be specifically authorized by the medical examiner or designee.
  - D. Personal belongings, such as clothing, valuables, and identification, are not to be removed from the body by any individual other than a police officer or representative from the Medical Examiner's office.
    1. ETT's and IV's should remain in place until the body is released by the medical examiner and permission to remove them has been received.
  - E. Document the information on the EMS Medical Record.
    1. Two (2) EKG strips of the two (2) leads used to verify asystole should be attached to documentation.
    2. Document the specific circumstances of the resuscitation.
    3. Obtain medical control physician signature on the run form.
  - F. Clear the scene as appropriate.
    1. EMS personnel may clear the scene after the arrival of police agency or medical examiner investigator.