

**MOUNTAIN-VALLEY EMS AGENCY
POLICIES AND PROCEDURES**

POLICY: 554.03
TITLE: ASYSTOLE (Adult)

APPROVED: Signature On File In EMS Office
Executive Director

Signature On File In EMS Office
Medical Director

EFFECTIVE DATE: 7/01/2011
SUPERSEDES: _____
REVISED: _____
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ASYSTOLE

- I. AUTHORITY: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE: To serve as a patient treatment standard for EMTs and Paramedics within their scope of practice.
- III. PROTOCOL: Asystole represents the total absence of electrical activity in the ventricle. There is no rhythm, although an occasional P wave or agonal QRS may be seen. Heart rate is less than five beats per minute. Note: Asystole should be confirmed by at least two leads, since low-amplitude ventricular fibrillation can mimic asystole. Consider 12 Lead EKG if spontaneous pulses return.

STANDING ORDERS	
ASSESS	CAB
CPR	In an un-witnessed arrest or when no CPR has been initiated by bystanders give 5 cycles of CPR (about 2 minutes). Do not interrupt chest compressions to perform airway management or to administer medications.
SECURE AIRWAY/ INTUBATE	Using the simplest effective method. A BLS airway with objective evidence of good ventilation and oxygenation is adequate and acceptable. Consider intubation/perilaryngeal airway. Refer to General Procedures Protocol 554.00.
IV/IO ACCESS	TKO
EPINEPHRINE	1 mg of 1:10,000 IV/IO push. Repeat every 3 minutes
SODIUM BICARBONATE	1 mEq/kg IV/IO for suspected hyperkalemia (hemodialysis or peritoneal dialysis patient) or cyclic antidepressant overdose.
CALCIUM CHLORIDE	1000 mg (10ml) IV for suspected hyperkalemia.
BASE PHYSICIANS ORDERS	
DETERMINATION OF DEATH	Refer to Determination of Death Policy 570.20