

APPROVED: SIGNATURE ON FILE IN EMS OFFICE  
Executive Director

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SUPERSEDES: \_\_\_\_\_

REVISED: \_\_\_\_\_

SIGNATURE ON FILE IN EMS OFFICE  
Medical Director

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**PEDIATRIC ASYSTOLE**

- I. AUTHORITY: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE: To serve as the treatment standard for EMT-Is and EMT-Ps in treating patients.
- III. PROTOCOL:

Asystole represents the total absence of electrical activity in the heart. There is no rhythm, although an occasional P wave or 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.

For the majority of children, asystole represents death, not a treatable arrhythmia. Look for the few patients with treatable causes.

Consider Code 2 transport of all patients in cardiac arrest, unless special circumstances which might favor survival are suspected.

**STANDING ORDERS**

**ABC**

**CPR**

Minimize interruptions in compression as much as possible.

**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 while en route. Confirm placement, if intubated, with end-tidal CO<sub>2</sub> detector and esophageal detector device. **Continuous waveform capnography should be used in all intubated patients, if available.**

**IV/IO ACCESS**

TKO with microdrip tubing and volume control chamber.

**CONSIDER TREATABLE  
CAUSES**

Hypoxia (oxygenate)  
Hypothermia (Rewarm. Refer to Hypothermia Protocol page 555.62)  
Hyperkalemia (sodium bicarbonate, calcium chloride)

**EPINEPHRINE**

0.01 mg/kg of 1:10,000 IV/IO push or 0.1 mg/kg of 1:1000 ET. Repeat every 3 minutes (do not delay epinephrine due to difficult IV/IO starts. Give via ET).

**BASE PHYSICIAN ORDERS**

**DECLARATION OF DEATH**

After 3 doses of epinephrine, if no reversible causes are identified.