PULSELESS ELECTRICAL ACTIVITY

The absence of a detectable pulse and the presence of some type of electrical activity other than V-fib or V-Tach define this group of arrhythmias. The summary term Pulseless Electrical Activity (PEA) incorporates electromechanical dissociation (EMD) and a heterogenous group of rhythms that includes pseudo-EMD, idioventricular rhythms, ventricular escape rhythms and bradyasystolic rhythms.

Field Treatment - BLS		
CPR:	Continue as described in General Procedures	
VENTILATE:	Via Bag-Valve Mask, 100% O_2	
AED:	Apply ASAP - Follow Prompts	
Field Treatment - ALS		
AIRWAY:	Ensure patent airway. Advanced airway management, as indicated. Ventilate with bag-valve @ 100% oxygen	
IV/IO ACCESS:	2 large bore - rate as indicated	
CONSIDER CAUSES:	Hypovolemia:	Volume infusion, recheck vitals after each 500 ml infused
	Cardiac Tamponade:	Volume infusion, recheck vitals after each 500 ml infused
	Hypoxia:	Provide ventilation - @ 100% oxygen
	Tension Pneumothorax:	Needle decompression
	Drug Overdose:	Refer to Poisoning Section, Page 16
EPINEPHRINE:	1 mg of 1:10,000 IV push or 2 mg via ET tube. Repeat every 3-5 minutes. (Do not delay the administration of Epinephrine due to difficult IV/IO starts, administer via ET tube)	
Considerations:		
SODIUM BICARBONATE:	1 mEq/kg for known or suspected hyperkalemia, renal failure with dialysis, or for tricyclic overdose	
CALCIUM CHLORIDE:	10 cc of 10% solution slow IVP for patients with suspected hyperkalemia, renal failure with dialysis, or Ca channel blockers. (Note: use with caution in digitalized patients.)	

*Refer to Non-traumatic Shock / ROSC protocol if spontaneous circulation returns.