

**SAGINAW VALLEY
MEDICAL CONTROL AUTHORITY
PRACTICE PARAMETER**

ASYSTOLE

I. Assessment Information

- A. Cardiac arrest is confirmed by finding no breathing or pulse present.¹
- B. **ASYSTOLE IS VERIFIED IN TWO EKG LEADS.**
- C. Consider possible causes.²

FIRST RESPONDER

II. Management

- A. Initiate or continue **CPR**
- B. Initiate **AED** Practice Parameter.
- C. Evaluate and maintain airway, provide oxygen and support ventilations. OPA/NPA as needed via BVM.
- D. Obtain vital signs(blood pressure, pulse and respiratory rate).

BASIC LIFE SUPPORT

- E. Arrange for ALS intercept
- F. **CONSIDER SUPERGLOTTIC AIRWAY**
- G. Initiate transport toward ALS intercept, if transporting unit.

NOTIFY RECEIVING FACILITY

ADVANCED LIFE SUPPORT

- H. **IV/IO NORMAL SALINE @ TKO**

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I. **EPINEPHRINE IV/IO=1 MG of 1:10,000(10ml)
IVP q 3-5min**

OR

**VASOPRESSIN 40 U IV/IO, SINGLE DOSE, 1 TIME
ONLY****in place of first or second dose of
epinephrine******

J. **ATROPINE 1MG IV/IO** or (2mg if ET) q 3-5min. to max of
3 mg.

K. Consider **SODIUM BICARBONATE 1mEq/KG (adult)
IV/IO**³

L. Consider **CALCIUM CHLORIDE 1gm IV/IO**⁴

M. **TRANCUTANEOUS PACER** per practice parameter ASAP.

N. If airway remains unsecure; **Intubation**

CONTACT MEDICAL CONTROL

O. Consider **TERMINATION OF RESUSCITATIVE
EFFORTS.**⁵

¹ It is often not necessary to transport a patient with asystole. Contact Medical Control for direction.

² Hypoxia, Hyperkalemia, Hypokalemia, Pre-exciting acidosis, Drug overdose and Hypothermia

³ Consider if patient has been down 10 minutes or more. Administration is limited to one dose only.

⁴ For renal patients OR Ca Channel Blocker overdose

⁵ Resuscitation termination may not be indicated in electrocution, drowning, hypothermia or pediatric patients

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Medical Director

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