

**SAGINAW VALLEY
MEDICAL CONTROL AUTHORITY
PRACTICE PARAMETER**

PULSELESS ELECTRICAL ACTIVITY (PEA)

I. Assessment Information

- A. Consider differential diagnosis(possible treatments per appropriate protocol):
1. Hypoxia (ventilation)
 2. Hypovolemia (volume infusion)
 3. Tension pneumothorax (needle decompression)
 4. Pericardial tamponade
 5. Myocardial rupture
 6. Acidosis (ventilation, consider Bicarb)
 7. Pulmonary embolism
 8. Drug overdose
 9. Hypothermia

FIRST RESPONDER

II. Management- You may not know it is PEA. Treat as cardiac arrest.

- A. Initiate CPR, if no signs of perfusion/circulation.
- B. Evaluate and maintain airway, provide oxygen and support ventilations with BVM-OPA/NPA as needed.
- C. Obtain vital signs(blood pressure, pulse and respiratory rate).

BASIC LIFE SUPPORT

- D. Arrange for ALS intercept
- E. Reassess airway and oxygenation status. **CONSIDER SUPERGLOTTIC AIRWAY.**
- F. Initiate transport toward ALS intercept, if transporting unit.

NOTIFY RECEIVING FACILITY

ADVANCED LIFE SUPPORT

- G. **Monitor EKG**

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- H. IV/IO NORMAL SALINE @ TKO
- I. Administer **FLUID BOLUS** of NS 300cc IV/IO.
- J. **EPINEPHRINE** IV/IO- 1MG of 1:10,000(10ml) IV/IO
q 3-5min

OR

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

- K. **ATROPINE 1MG IV/IO** if electrical complexes are <60 per min. Repeat every 3-5 min. to total dose of 3mg.
- M. If airway remains unsecured; **Intubation,**¹

CONTACT MEDICAL CONTROL

- L. Possible orders post radio contact:
 - 1. Additional **VOLUME INFUSION**
 - 2. Administer additional **EPINEPHRINE** as ordered.
 - 3. Administer **SODIUM BICARBONATE 1 mEq/KG IV/IO.**
 - 4. **CALCIUM CHLORIDE 1 GM IV/IO** (for renal failure patients only).
 - 5. Consider **TRANSCUTANEOUS PACING**

¹ If tension pneumothorax is suspected, consider pleural decompression, contact Medical Control

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Medical Director

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