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**THERAPEUTIC HYPOTHERMIA RESEARCH PROJECT PROTOCOL  
503-B  
PULSELESS ELECTRICAL ACTIVITY (PEA)/ASYSTOLE**

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**NOTE: CONSIDER THE POSSIBILITY OF CONDITIONS MASQUERADING AS PEA/ASYSTOLE WHICH REQUIRE IMMEDIATE TREATMENT.**

1. Continue CPR with minimal interruption.
2. If a tension pneumothorax is suspected, perform Needle Decompression. (See Appendix O.)
3. Perform Endotracheal Intubation.
4. Initiate IV / IO access using at least an 18g device.
5. Begin rapid IV/IO infusion of ice-cold (4° Celsius) Normal Saline (30cc/kg, maximum 2 liters) utilizing a 300mmHg pressure infusion sleeve.
6. Administer Vasopressin 40 units IV/IO/Saline Lock Bolus, single dose.
7. Administer Dextrose 25 gm (50 ml of a 50% solution), IV/Saline Lock bolus.
8. If there is no change in the rhythm within 3 – 5 minutes after administration of Vasopressin, administer Epinephrine 1 mg (10 ml of a 1:10,000 solution), IV/IO/Saline Lock bolus, every 3 – 5 minutes.
9. If the patient has a heart rate (based on rhythm strip) less than 60 beats/min, administer Atropine Sulfate 1 mg, IV/IO/Saline Lock bolus. If the heart rate, remains less than 60 bpm, repeat Atropine Sulfate 1 mg, IV/IO/Saline Lock bolus, every 3 – 5 minutes. (Maximum total dosage is 3 mg.)
10. If there is insufficient improvement in hemodynamic status, contact Medical Control for implementation of one or more of the following **MEDICAL CONTROL OPTIONS**:

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**MEDICAL CONTROL OPTIONS:**

- OPTION A:** Administer Sodium Bicarbonate 44-88 mEq IV/IO/Saline Lock bolus. Repeat doses of Sodium Bicarbonate 44 mEq, IV/IO/Saline Lock bolus, may be given every 10 minutes.
- OPTION B:** In cases of hyperkalemia or Calcium Channel Blocker overdose administer Calcium Chloride (CaCl<sub>2</sub>) 1 gm, SLOWLY, IV/IO/Saline Lock bolus. Follow with a Normal Saline (0.9% NS) flush.
- OPTION C:** Begin rapid IV/IO/Saline Lock infusion of Normal Saline (0.9% NS), up to three (3) liters.
- OPTION D:** Transportation Decision.