Cardiac Arrest (PEA) – 10.052

TREATMENT:

Initiate HP CPR
If down time is estimated at greater than 5 minutes, perform CPR for 2 minutes
If down time is less than 5 minutes, perform CPR until defibrillator is attached
Treat per Universal Patient Care.

1:10,000 Epinephrine 1 mg IV/IO

Continue CPR; check rhythm and switch compressors every 2 minutes

1:10,000 Epinephrine 1 mg IV/IO, repeat every 3-5 minutes.

If end-tidal CO2 is $\geq$ 20 with an organized rhythm, initiate fluids per Shock protocol and consider **Levophed or Dopamine.**

PEDIATRIC PATIENTS:

A. Begin CPR and airway management.
B. Administer **1:10,000 Epinephrine 0.01 mg/kg IV/IO**, repeat every 3-5 minutes. If no IV access, give **1:1,000 Epinephrine 0.1 mg/kg** *in 4 cc normal saline via ET* (ET epinephrine should be considered a last resort after attempts at IV/IO have failed).
C. Consider and treat other possible causes.

NOTES & PRECAUTIONS:

A. DO NOT interrupt CPR when securing patient's airway.
B. Transport all post ROSC patients of suspected cardiac nature to SCMC-Bend unless patient needs to be stabilized immediately or not enough resources are available. If post ROSC 12-lead shows STEMI, **DO NOT** activate HEART 1; inform SCMC-Bend ED via HEAR or phone.

KEY CONSIDERATIONS:

Consider and treat other possible causes:

- Acidosis - **Sodium Bicarbonate 1 mEq/kg IV/IO**.
- Cardiac tamponade – Initiate rapid transport.
- Hyperkalemia – Treat per Hyperkalemia protocol.
- Hypothermia – Treat per Hypothermia protocol
- Hypovolemia – Treat with fluids per Shock protocol.
- Hypoxia – Oxygenate and ventilate
- Pulmonary embolus – Initiate rapid transport.
- Tension pneumothorax – Needle decompression.
- Tri-cyclic antidepressant overdose – **Sodium Bicarbonate 1 mEq/kg IV/IO**