

P4 Cardiac Arrest – Asystole / PEA

Asystole

PEA



Non-shockable pulseless cardiac arrest

START

- 1 Call for help and a code cart/defibrillator
 - ▶ Ask: “Who will be the crisis manager?”
 - ▶ Say: “The top priority is high-quality CPR”
- 2 Put backboard under patient, supine position
- 3 Turn FiO₂ to 100%, turn off volatile anesthetics
- 4 Start CPR and assessment cycle...
 - ▶ Perform CPR
 - “Hard and fast” about 100 compressions/min to about 1/3 of chest depth.
 - Ensure full chest recoil with minimal interruptions
 - 8-15 breaths/minute, do not over ventilate
 - ▶ Give epinephrine
 - Repeat epinephrine every 3 – 5 minutes
 - Can give vasopressin to replace 1st or 2nd dose of epinephrine
 - ▶ Assess every 2 minutes
 - Change CPR compression provider
 - Check rhythm; if rhythm organized check pulse
 - If: Asystole/PEA continues:
 - Resume CPR and assessment cycle (restart Step 4)
 - Read aloud Hs & Ts (see list in right column)
 - If: VF/VT
 - Resume CPR
 - Go to ▷ Pedi CHKLST 5
- Call Code Team if resources inadequate 662 -2345

DRUG DOSES and treatments

Epinephrine:	10 mcg/kg IV q 3-5 mins, repeat every 3 – 5 mins.
TOXIN treatment	
Local anesthetic:	<ul style="list-style-type: none"> • Intralipid 1.5 mL/kg IV bolus • Repeat 1 – 2 times for persistent asystole • Start infusion 0.25 – 0.5 mL/kg/min for 30 – 60 minutes for refractory hypotension
Beta-Blocker:	Glucagon 0.05 mg/kg IV push
Calcium Channel Blocker:	Calcium chloride 10-20 mg/kg IV

HYPERKALEMIA treatment

Stop K⁺ containing fluids (LR/RBCs) → Switch to NS/washed RBCs

Calcium chloride	• 10 mg/kg IV
Insulin IV/SC	• 0.1 unit/kg + Dextrose IV 0.25 -1 gram/kg
Sodium bicarbonate	• 1 – 2 mEq/kg
Furosemide IV	• 0.1 mg/kg

Hs & Ts

<ul style="list-style-type: none"> • Hydrogen Ion (acidosis) • Hyperkalemia • Hypothermia • Hypovolemia • Hypoxia <ul style="list-style-type: none"> ○ Go to ▷ Pedi CHKLST 10 	<ul style="list-style-type: none"> • Tamponade (cardiac) • Tension pneumothax <ul style="list-style-type: none"> ○ Go to ▷ CHKLST 19 • Thrombosis (pulmonary) <ul style="list-style-type: none"> ○ Pulmonary Embolism, Go to ▷ CHKLST 21 • Thrombosis (coronary) <ul style="list-style-type: none"> ○ Myocardial Ischemia, Go to ▷ CHKLST 16 	<ul style="list-style-type: none"> • Toxin (local anesthetic, beta blocker, calcium channel blocker <ul style="list-style-type: none"> ○ Local Anesthetic Toxicity, Go to ▷ CHKLST 15
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During CPR

Airway:	Bag-mask sufficient (if ventilation adequate)
Circulation:	<ul style="list-style-type: none"> • Confirm adequate IV or IO access • Consider IV fluids wide open
Assign roles:	Chest compressions, Airway, Vascular access, Documentation, Code cart, Time keeping