Pulseless Electrical Activity

A guideline for patients in pulseless electrical activity. Causes for PEA may include: hypovolemia, hypoxia, cardiac tamponade, tension pneumothorax, hyperkalemia, massive pulmonary embolism, acidosis, drug overdose, massive myocardial infarction and/or hypothermia. When these causes are suspected, efforts to reverse and/or treat these causes should be undertaken before terminating resuscitation.

Pre-Radio
PARAMEDIC
1. Follow the General Cardiac Arrest Protocol.
2. Start an IV NS KVO.
3. Causes of PEA and efforts to correct them:
   a. Hypovolemia – fluid bolus
   b. Hypoxia – reassess airway and ventilate with high flow oxygen
   c. Tension pneumothorax – pleural decompression
   d. Hypothermia – warming
   e. Cardiac Tamponade – pericardiocentesis (per local MCA protocol only)
4. Administer Epinephrine 1 mg 1:10,000 IV (10 ml), repeat every 3-5 minutes.
5. If heart rate less than 60/minute, administer Atropine Sulfate 1 mg IV, repeat every 3-5 minutes to a total dose of 3 mg or until heart rate reaches 60/minute.
6. Consider Sodium Bicarbonate 1 mEq/kg IV and calcium chloride 1 gm for renal or hyperkalemia patients.

Post-Radio
PARAMEDIC
7. Consider termination of efforts per local MCA protocol.

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