



# County of Santa Cruz

## HEALTH SERVICES AGENCY

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EMERGENCY MEDICAL  
SERVICES PROGRAM

Protocol No. C1  
Reviewed 04/01/2010

### Emergency Medical Services Program

Approved

Medical Director

Subject: CARDIAC ASYSTOLE

**I. BLS Treatment Protocol:**

- A. Treat life threats. (See Policy 4000)
- B. Prepare for transport / transfer of care.

**II. ALS Treatment Protocol:**

- A. Treat life threats. (See Policy 4000)
- B. Cardiac Monitor- confirm asystole in 2 leads.
- C. Epinephrine 1mg IVP/IO. Repeat every 3-5 minutes at 1mg.
- D. Atropine 1mg IVP/IO. Repeat every 3-5 minutes. Not to exceed 3mg maximum total dose IVP/IO.
- E. If the patient remains unresponsive to treatment despite the thorough implementation of this protocol, paramedics may consider making a field determination of death as outlined in Policy 1140.
- F. If Return of Spontaneous Circulation (ROSC), consider acquisition and transmission of 12-lead ECG to receiving facility.

**Notes:**

1. Certain patients in asystole are more likely candidates for transport- for example, patients who are hypothermic, drug-overdosed, or who have been electrocuted.
2. Acquisition and possible transmission of a 12-lead ECG following ROSC is a lower priority than managing the patient's life threats, and is at the discretion of the paramedic.