



County of Santa Cruz

HEALTH SERVICES AGENCY

EMERGENCY MEDICAL
SERVICES PROGRAM

Protocol No. C2
Reviewed 04/01/2010

Emergency Medical Services Program

Approved

Medical Director

Subject: PULSELESS ELECTRICAL ACTIVITY

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. Consider and treat possible causes:
 - Hypovolemia
 - Hypoxia
 - Hydrogen ion- acidosis
 - Hyper/ Hypokalemia
 - Hypothermia
 - Hypoglycemia
 - Toxins/Tablets (Drug OD)
 - Tamponade- cardiac
 - Tension Pneumothorax
 - Thrombosis, Coronary (ACS)
 - Thrombosis, Pulmonary (Embolism)
 - Trauma
- C. Epinephrine 1mg IVP/IO. Repeat every 3-5 minutes at 1mg.
- D. If HR <60, Atropine 1mg IVP/IO. May 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 PEA 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.