



County of Santa Cruz

HEALTH SERVICES AGENCY

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EMERGENCY MEDICAL
SERVICES PROGRAM

Protocol No. C1-P
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 two leads*
Epinephrine 0.01mg/kg 1:10,000 IV/ IO (0.1ml/kg)
Repeat Epinephrine every 3-5 minutes (regardless of route).
- C. Check blood sugar.
- D. 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.
- E. When transporting, contact receiving hospital as soon as possible.
- F. Return of Spontaneous Circulation:
If Return of Spontaneous Circulation (ROSC), consider acquisition and transmission of 12-lead ECG to receiving facility. 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.

Notes:

- Be aware that what may appear to be asystole may be fine ventricular fibrillation which may respond to countershock. Therefore, check alternate leads and consider countershock @ 2 joules /kg.
- Certain patients in asystole are more likely candidates for transport – for example, patients who are hypothermic, drug overdoses, or who have been electrocuted.