



County of Santa Cruz

HEALTH SERVICES AGENCY

EMERGENCY MEDICAL
SERVICES PROGRAM

Protocol No. C2-P
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 - Toxins/Tablets (Drug OD)
 - Hypoxia -Tamponade- cardiac
 - Hydrogen ion- acidosis -Tension Pneumothorax
 - Hyper/ Hypokalemia -Trauma
 - Hypothermia -Hypoglycemia
- C. Epinephrine 0.01mg/kg 1:10,000 IV/ IO (0.1ml/kg)
Repeat Epinephrine every 3-5 minutes (regardless of route).
- 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 the receiving hospital as soon as possible.
- F. 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.