

## **PULSELESS ELECTRICAL ACTIVITY (PEA)**

1. **Assess for ABC's**
2. **OXYGEN** - 100% by B.V.M.
3. **ECG MONITOR - QUICK LOOK – As Soon As Possible** Verify pulseless rhythm in **TWO** leads as soon as possible.

**ASSESS FOR POSSIBLE CORRECTABLE CAUSES AND  
SEE APPROPRIATE STANDING ORDER**

Hypovolemia – IV Fluid Challenges  
Hypoxia – Reassess Ventilation and Oxygenation  
Hydrogen Ion – (Acidosis) – Consider Sodium Bicarbonate  
Hyper-/Hypokalemia  
Hypothermia – Assess environmental factors - Rewarm  
Toxins – drug overdoses, accidents  
Tamponade, Cardiac – Immediate transport  
Tension Pneumothorax – Needle decompression  
Thrombosis, coronary (ACS)  
Thrombosis, pulmonary (embolism) – Assess history, Immediate transport

4. **INTUBATE** - Verify tube placement. Secure tube. EtCO<sub>2</sub> Monitoring.
  - Patient should be ventilated at a rate of 8-10 bpm with visible chest rise.

**Note - If index of suspicion indicates PEA secondary to Tension Pneumothorax then proceed to Appendix page 2.**

5. **IV/IO ACCESS** - Lactated Ringers - TKO rate

**Note - If index of suspicion indicates PEA secondary to HYPOVOLEMIA give a fluid challenge, 200-500 cc Lactated Ringers.**

6. **EPINEPHRINE** 1 mg IV bolus repeat every 3 to 5 minutes.

**Note - If an intravenous line is unavailable, epinephrine can be given down an endotracheal tube. The endotracheal dose will be TWICE the listed IV dose.**

## **PULSELESS ELECTRICAL ACTIVITY (PEA) – (cont'd)**

7. **TRANSPORT** - As Soon As Possible

**Note - If transport or down time is greater than 10 to 15 minutes, or if known circumstances such as Tricyclic antidepressant overdose or preexisting hyperkalemia or known metabolic acidosis (i.e. a dialysis patient who has missed dialysis):**

8. **Reassess Ventilations** and Consider **SODIUM BICARBONATE** - 1 mEq/kg IV bolus.

- Repeat at 0.5 mEq/kg every 10 minutes.

9. **CONTACT RECEIVING HOSPITAL FOR FURTHER ORDERS**