

OPERATIONS: BLS/ALS TREATMENT PROTOCOLS

DATE: Rev. 4/16/12

SUBJECT: DYSRHYTHMIAS (continued)

POLICY NUMBER: 9185

<u>BLS</u>	<u>ALS</u>
<p>Perform CPR and apply AED prn. (CPR Ratio 30:2 compressions to ventilations until patient is intubated; After intubation ratio 10:1.) Assist ventilations prn. Monitor O2 saturation prn.</p> <p>*Perilaryngeal Airway may only be utilized by authorized EMT-I, or Advanced EMT, who have EMT-I Optional Skill Accreditation.</p>	<p>Monitor ECG/Monitor Oxygen Saturation prn.</p> <p><u>PULSELESS ELECTRICAL ACTIVITY (PEA)</u></p> <p>SO Establish IV TKO (Do not interrupt CPR to establish IV)</p> <p>SO Insert ETT/Perilaryngeal</p> <p>Consider possible causes: hypovolemia, hypoxia, tension pneumothorax, drug overdose, hyperkalemia, cardiogenic shock. Treat underlying problem in accordance with appropriate protocol.</p> <p>SO Epinephrine (1:10,000) 1 mg IVP, may repeat q 5 min., OR Epinephrine (1:1,000) 2 mg in 8 cc NS ETT X 1 (if no IV)</p> <p>SO Consider fluid challenge 250-500 mL NS (if clear lungs); additional fluids per BH</p> <p>BH Consider Dopamine 400 mg/250 mL NS, run at 10-20 mcg/kg/min</p> <p>SO EtCO2 monitoring (Waveform Capnography 35 - 45 mm/Hg)</p> <p><u>PEDIATRIC NOTE:</u></p> <p>SO Refer to Pediatric Drug Guide Fluid challenge NS 20 mL/kg initial bolus via Volutrol rapid IV drip; may repeat per BH</p> <p>BH Dopamine 200 mg/250 mL NS, run at 5-20 mcg/kg/min</p>

APPROVAL:



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