

Field Treatment

1. Basic airway
2. Oxygen/Assist ventilations – **avoid hyperventilation**
3. CPR
 - ①
4. Cardiac monitor/document rhythm and attach EKG/ECG strip
5. If asystole, confirm in more than one lead
If questionable fine V-Fib, treat by V-FIB/PULSELESS V-TACH (Adult) **D4** guideline
6. Advanced airway prn
7. Venous access
 - ②

8. **Epinephrine (1:10,000) 1mg IV/IO**
 - ①

9. **Atropine 1mg IV/IO**
 - ②

- Note:** ③ ④

10. Resuscitate on scene until there is a return of spontaneous circulation (ROSC), consider pronouncement if resuscitation is not successful or transport per base hospital order

Drug Considerations

Epinephrine

- ① May repeat 1mg every 3-5 minutes
1:10,000 concentration

Atropine:

- ② May repeat every 3-5 minutes,
maximum dose is 3mg

Special Considerations

- ① Minimize interruptions, check rhythm/pulse every 2 minutes (5 cycles)
- ② If IV access is not possible, place IO (if available)
- ③ Drugs to consider for specific history:
 - ✓ Hypoglycemia - **dextrose 50%, 50ml IV/IO**
 - ✓ Dialysis patient or calcium channel blocker toxicity – **calcium chloride 1gm IV/IO**
 - ✓ Narcotic overdose – **naloxone (Narcan®) 0.8-2mg IV/IN/IM**
- ④ Routine administration of **sodium bicarbonate** is not recommended, consider for special situations (dialysis/tricyclic OD) with base concurrence – **1mEq/kg IV/IO**