

**05-0305 – ACLS Adult Asystole**

**AUTHORITY:** Health and Safety Code Division 2.5, California Code of Regulations, Title 22, Division 9

**Routine Medical Care**

**Consider and treat other possible causes #04-0306**

**Initiate High Performance CPR #05-0302**

**REVERSIBLE CAUSES**

Hypovolemia  
Hypoxia  
Hydrogen Ion (Acidosis)  
Hypo/Hyperkalemia  
Hypoglycemia  
Hypothermia  
Tablets/Toxins  
Tamponade  
Tension Pneumothorax  
Thrombosis (MI, CVA)  
Thromboembolism (PE)

**See #04-0306 Reversible Causes**

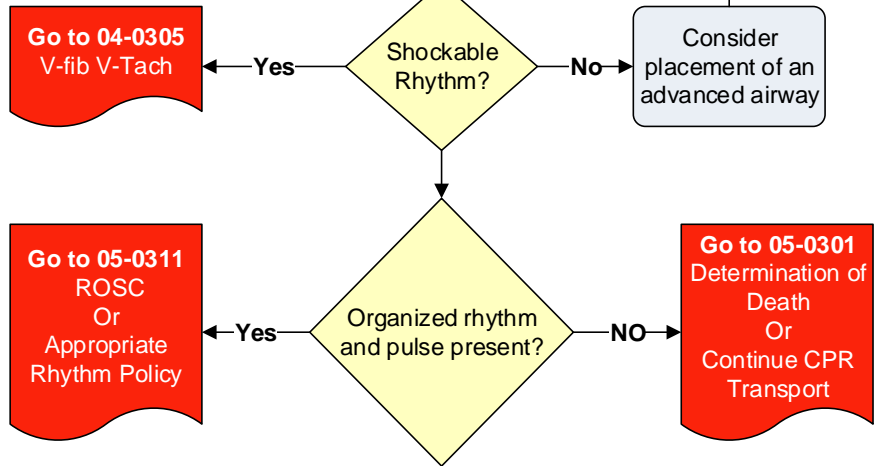
**BLS**

HP CPR #05-302  
Monitor

**ALS**

IV/IO NS  
Epinephrine 1:10,000  
1mg IV/IO  
Repeat q 3-5 minutes

**Do not interrupt CPR to administer medications or perform advanced airway management. May consider BLS airway**



**If on dialysis or hyperkalemia is suspected:**

- **Calcium Chloride:** 1gm slow IV/IO push (over 2 min's)
- **Sodium Bicarbonate:** 1 mEq/kg IV/IO push.

**Discontinuation of CPR:**

If a non-shockable rhythm persists i.e. Asystole or PEA less than 40 BPM despite appropriate, aggressive ALS interventions for 20 minutes consider discontinuation of CPR