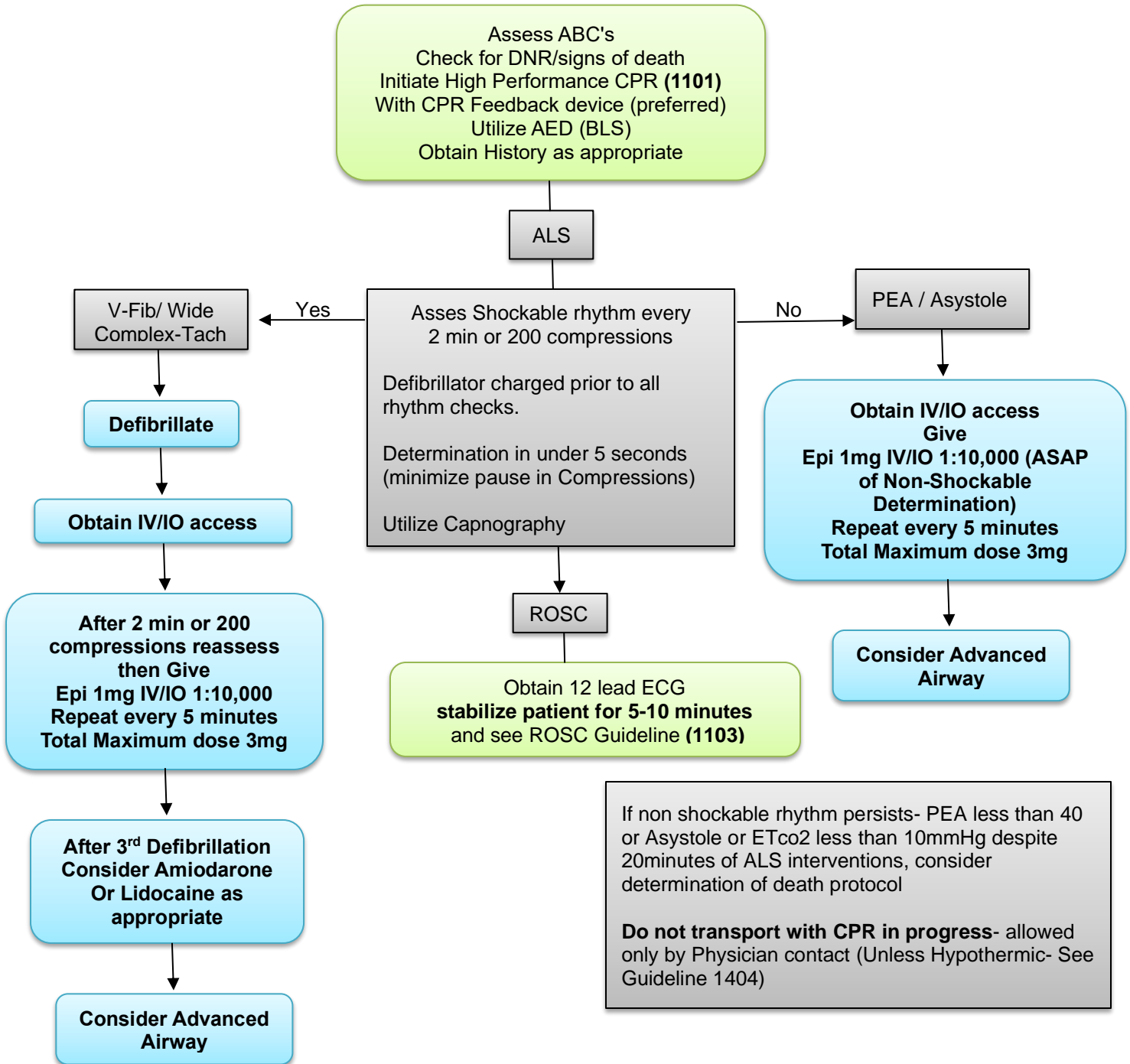
	1102	Pulseless Arrest
Nor-Cal EMS Policy & Procedure Manual	Treatment Guidelines	
Effective Date: 05/01/2022	Next Revision: 05/01/2024	
Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR	SIGNATURE ON FILE	

Authority

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



**SEE PAGE 2 for Medications,
specific etiology, and underlying
causes**

Identify and treat underlying causes as appropriate:

Hypoxia
Hydrogen Ion (Acidosis)
Hypovolemia
Hypo/Hyperkalemia
Hypothermia
Tension Pneumothorax
Tamponade (cardiac)
Toxin/ Tablets/ Sepsis
Thrombus (CVA / MI)
Trauma

MEDICATIONS:

Amiodarone: 300mg IV/IO
May Repeat x1 150mg IV/IO after 5 minutes
Lidocaine: 1.5mg/kg IV/IO Bolus
May repeat 0.75mg/kg IV/IO Dose; MAX dose 3mg/kg

If on dialysis or suspected Hyperkalemia:

Calcium Chloride: 1 GM SIVP over 2 min

In separate IV or Flush line well then:

Sodium Bicarbonate: 1meq/kg IV

Specific Etiology Treatment Guidelines

Metabolic acidosis etiology (e.g. DKA)	Sodium Bicarbonate - 1 mEq/kg IV/IO
Suspected Hyperkalemia (Renal Failure patients)	Calcium Chloride - 1 g IV/IO, slow push Sodium Bicarbonate - 1 mEq/kg IV/IO (give CaCl first)
Torsades de Pointes:	Magnesium Sulfate - 2 g IV/IO, slow push
Tension Pneumothorax:	Needle Thoracostomy Procedure
Tricyclic Antidepressant Overdose:	Sodium Bicarbonate - 1 mEq/kg IV/IO
Calcium Channel Blockers:	Calcium Chloride - 1 g IV/IO, slow push
Beta Blockers:	Glucagon - 1 mg IV/IO slow push over 1-minute, IIRR 1 mg IV/IO x 1 Epinephrine infusion - infuse at 2-30 mcg/min, start at 5 mcg/min