**Pulseless Electrical Activity (PEA)**

**History**
- Past medical history
- Medications
- Events leading to arrest
- End stage renal disease
- Estimated downtime
- Suspected hypothermia
- Suspected overdose
  - Tricyclics
  - Digitalis
  - Beta blockers
  - Calcium channel blockers
- DNR, MOST, of Living Will

**Signs and Symptoms**
- Pulseless
- Apneic
- Electrical activity on ECG
- No heart tones on auscultation

**Differential**
- Hypovolemia (Trauma, AAA, other)
- Cardiac tamponade
- Hypothermia
- Drug overdose (Tricyclics, Digitalis, Beta blockers, Calcium channel blockers)
- Massive myocardial infarction
- Hypoxia
- Tension pneumothorax
- Pulmonary embolus
- Acidosis
- Hyperkalemia

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**AT ANY TIME**

Return of Spontaneous Circulation

Go to Post Resuscitation Protocol

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**Cardiac Arrest Protocol**

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<thead>
<tr>
<th>P</th>
<th>Cardiac Monitor</th>
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<td>CPR</td>
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<td>Airway Protocol</td>
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<td>Epinephrine</td>
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<td>Vasopressin</td>
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<td>P</td>
<td>Atropine if rate &lt;60</td>
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Consider early in all PEA pts:

- Normal Saline Bolus
- Dextrose 50%
- Naloxone
- Glucagon (suspected Beta Blocker Overdose)
- Calcium (hyperkalemia)
- Bicarbonate (tricyclic overdose, hyperkalemia, renal failure)
- Dopamine
- Chest decompression

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**Criteria for Discontinuation**

Yes → Stop resuscitation

No →

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<tr>
<th>M</th>
<th>Notify Destination or Contact Medical Control</th>
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<td>P</td>
<td>Consider Epinephrine Drip</td>
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**Pearls**
- **Recommended Exam: Mental Status**
- Consider each possible cause listed in the differential: Survival is based on identifying and correcting the cause!
- Discussion with Medical Control can be a valuable tool in developing a differential diagnosis and identifying possible treatment options.