	Department Name **Address**	**ALS**	**Paramedic**
		Revision #	
		Implementation Date	
Protocol	**2.1.6 Asystole**	**Last Reviewed/Update Date**	
Author / Owner		**Medical Director**	

This protocol must be used in conjunction with other associated protocols: Cardiac Arrest, Baseline Care Standards, and Airway Management protocol. The primary goal is conversion of asystole to another cardiac rhythm, with or without a pulse. Change to another appropriate protocol based on any ECG change. Early recognition, continuous CPR, intubation, and rapid pharmaceutical interventions, give the greatest chance of resuscitation.

1. Baseline care standards.

2. Cardiac arrest management per protocol.

3. Manage airway per protocol.

4. Verify asystole in two leads.

5. Administer:
   - *Epinephrine (1:10,000) 1mg IV (2mg via ETT). Repeat every 3 – 5 minutes for duration of pulselessness.*
   - *Atropine 1mg IV (2mg via ETT). Repeat every 3 – 5 minutes up to a maximum dose of 0.04 mg/kg or 3mg.*

6. After maximum atropine dose or with known metabolic acidosis, administer:
   - *Sodium Bicarbonate (8.4%) 1 mEq/kg IV.*

7. Apply external pacer:
   - Rate of 80 bpm.
   - Begin at 100 ma and decrease to lowest power setting with capture.

8. Early contact to the receiving Emergency Department and Medical control.

9. After 30 minutes of ALS interventions, consider implementing the “Withholding or discontinuing resuscitation” protocol.

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Medical Director's Signature *Date*