

**CENTRAL CALIFORNIA**  
**EMERGENCY MEDICAL SERVICES**  
A Division of the Fresno County Department of Public Health

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 530.08
Subject	Paramedic Treatment Protocols  <b>ASYSTOLE</b>	Page 1 of 2
References	Title 22, Division 9, Chapter 4 of the California Code of Regulations	Effective Fresno County: 01/15/82 Kings County: 04/10/89 Madera County: 06/15/85 Tulare County: 04/19/05

STANDING ORDERS		
1. Assessment	ABCs, CPR if appropriate, refer to EMS Policy #549 – Initiation/Termination of CPR in the Medical Patient.	
2. IV/IO	LR TKO – Standard Tubing.	
3. Epinephrine	<b><u>IV/IO</u></b> 1 mg 1:10,000	
4. BLS Airway/ Intubate	Establish IV/IO over ET tube if airway is secure with BLS airway. Accomplish simultaneously with other therapy if possible.	
5. Epinephrine	<b><u>IV/IO</u></b> 1 mg of 1:10,000	<b><u>ET</u></b> 2 mg of 1:1000
6. TCP	Per EMS Policy #530.02 only if victim of electrocution and down time less than 10 minutes.	
7. Determination of Death	Consider termination of efforts if patient remains in asystole at least 10 minutes and adequate efforts in the above protocol sequence completed. (See Policy #549 – Initiation/Termination of CPR in the Medical Patient.)	
8. Epinephrine	<b><u>IV/IO</u></b> 1 mg of 1:10,000 Repeat Epinephrine every 3-5 minutes.	<b><u>ET</u></b> 2 mg of 1:1000 Repeat Epinephrine every 3-5 minutes.
9. Transport		
10. Contact Hospital	Per EMS Policy #530.02.	

**SPECIAL CONSIDERATIONS AND PRIORITIES**

1. Confirm asystole in two different EKG leads (I, II or III).
2. Paramedic must contact the Base Hospital if there is uncertainty as to rhythm interpretation.

Approved By	Revision  <b>09/05/2023</b>
EMS Division Manager	
EMS Medical Director	

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3. Allow 60 seconds of adequate CPR after medication administration to circulate medications.
4. Electrical injuries that result in cardiac arrest should be treated as medical arrests. Electrical injuries that result in cardiac arrest should be treated aggressively with respiratory support, base contact, and ACLS per protocols.  
  
Alternating current (AC) frequently results in ventricular fibrillation. Direct current (DC) frequently results in asystole. Both have a relatively high rate of spontaneous return to sinus rhythm with ventilatory support. TCP may be indicated.
5. Consider the administration of Dextrose when EMS Personnel, family, or bystanders have performed an accucheck, with a reading below 80, prior to the patient becoming pulseless and non-breathing. Do not delay the administration of cardiac drugs or other ALS procedures for the administration of Dextrose.
6. Whenever return of spontaneous circulation occurs in the cardiac arrest patient, application of 12-lead ECG should be considered.