



EMT - Paramedic Treatment Protocol 4205

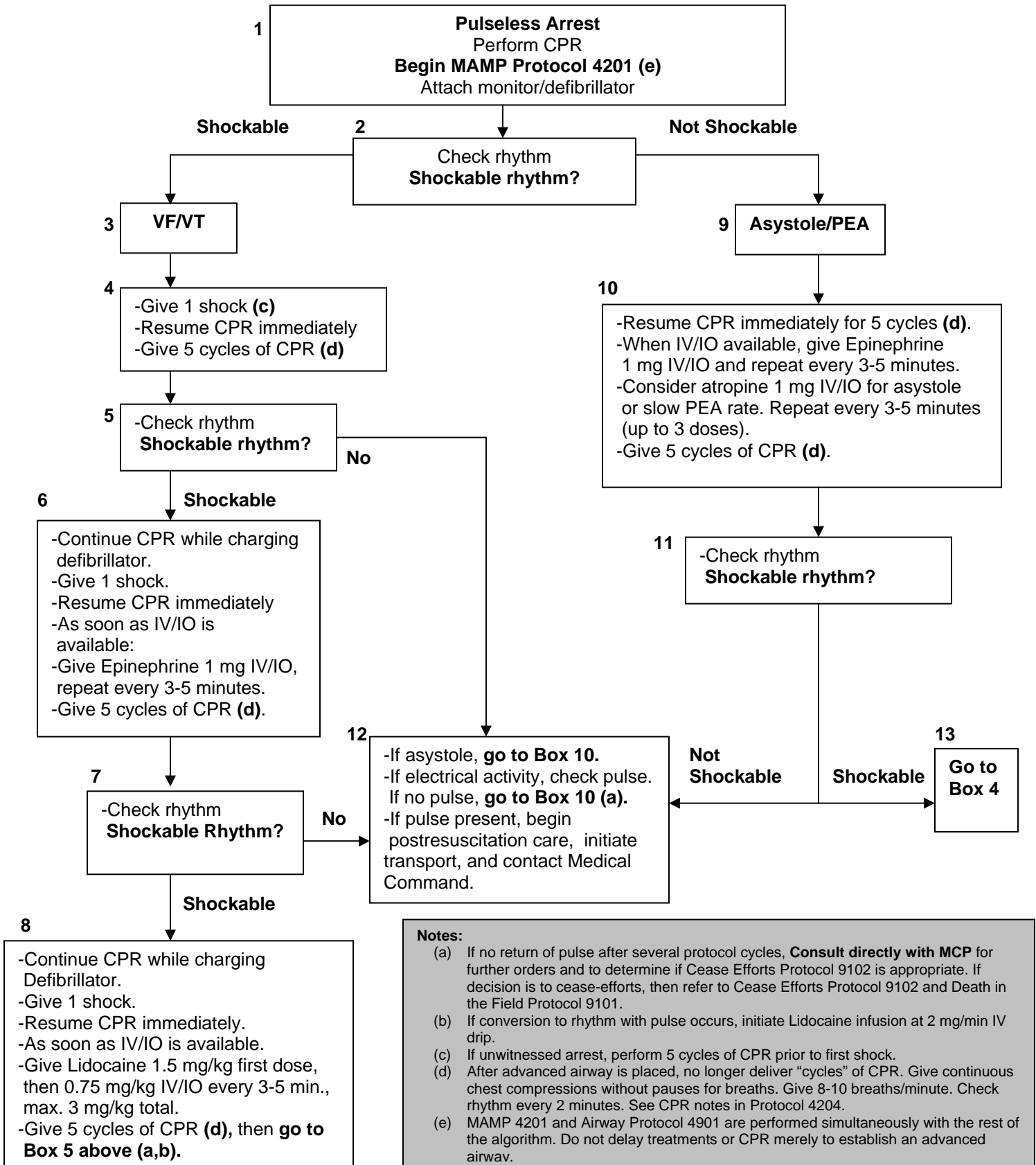
Cardiac Arrest Pulseless Arrest

Page 1 of 2

The 2005 *American Heart Association Emergency Cardiac Care (AHA-ECC) Guidelines* classify pulseless rhythms into shockable (ventricular fibrillation-VF and ventricular tachycardia-VT) and non-shockable (asystole and pulseless electrical activity-PEA).

Previous Protocols 4205, 4206, and 4207 have now been combined into the single new Protocol 4205.

- A. Perform **CAT Protocol 4204**.
- B. See next Page for **Pulseless Arrest Algorithm**.



Notes:

- (a) If no return of pulse after several protocol cycles, **Consult directly with MCP** for further orders and to determine if Cease Efforts Protocol 9102 is appropriate. If decision is to cease-efforts, then refer to Cease Efforts Protocol 9102 and Death in the Field Protocol 9101.
- (b) If conversion to rhythm with pulse occurs, initiate Lidocaine infusion at 2 mg/min IV drip.
- (c) If unwitnessed arrest, perform 5 cycles of CPR prior to first shock.
- (d) After advanced airway is placed, no longer deliver "cycles" of CPR. Give continuous chest compressions without pauses for breaths. Give 8-10 breaths/minute. Check rhythm every 2 minutes. See CPR notes in Protocol 4204.
- (e) MAMP 4201 and Airway Protocol 4901 are performed simultaneously with the rest of the algorithm. Do not delay treatments or CPR merely to establish an advanced airway.