

Cardiac Review Asystole Rhythms

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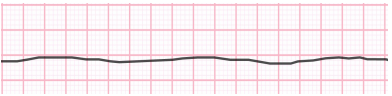
Asystole Rhythm Review


ASYSTOLE RHYTHM


RATE: None
RHYTHM: None
P WAVES: None
PR / QRS

- PR Interval None
- QRS Interval None

Definition: Cease of all heart function and electricity




INTERVENTION


LETHAL RHYTHM


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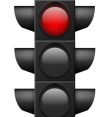
Asystole Rhythm Review

ASYSTOLE CAUSES

Consider the H's and T's when determining the underlying cause

<p style="text-align: center;">H'S</p> <ul style="list-style-type: none"> • Hypoxia • Hypovolemia • Hydrogen ions (acidosis) • Hypo-/Hyperkalemia • Hypothermia 	<p style="text-align: center;">T'S</p> <ul style="list-style-type: none"> • Toxins • Tamponade (cardiac) • Tension pneumothorax • Thrombosis, pulmonary • Thrombosis, coronary
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INTERVENTION


CAUTION RHYTHM

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Asystole Rhythm Review

ASYSTOLE INTERVENTIONS

- Call for assistance, provide CPR, follow ACLS guidelines
- Epinephrine


INTERVENTION


CAUTION RHYTHM

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Ventricular Rhythm Review


ASYSTOLE INTERVENTIONS

EPINEPHRINE

- Provided for cardiac arrest related to Ventricular Fibrillation, Pulseless Ventricular Tachycardia, Asystole, and Pulseless Electrical Activity

EPINEPHRINE DOSING FOR CARDIAC ARREST

- **IV/IO dose:** 1 mg (10 mL of 1:10,000 solution) administered every 3 to 5 minutes during resuscitation. Follow each dose with 20 mL flush and elevate arm for 10 to 20 seconds.
- **Beta blocker or calcium channel blocker overdose:** Higher doses up to 0.2mg/kg may be used
- **Continuous infusion:** Initial rate is 0.1 to 0.5 mcg/kg per minute (70-kg and above); 7 to 35 mcg per minute); titrate to response




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Ventricular Rhythm Review

ASYSTOLE INTERVENTIONS

EPINEPHRINE CONSIDERATIONS

- Raising blood pressure and heart rate may cause myocardial ischemia and increased oxygen demand on the myocardium
- High doses do not improve survival or neurological outcomes
- Higher doses may be required to treat poison/drug-induced shock



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