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| **BLS Treatment** |
| * Position of comfort. * NPO. * **Oxygen** as indicated. |
| **ALS Treatment** |
| **Current American Heart Association Guidelines concerning Emergency Cardiac Care assessments and interventions shall always take precedence over local protocols when there is a conflict concerning techniques of resuscitation.**   * IV/IO with **Normal Saline** TKO. * 12-lead EKG. If symptomatic, do not delay therapy in order to obtain 12 lead. * **Atropine**, or **Transcutaneous Pacing** (TCP) as needed for continued unstable bradycardia. * If agitated during TCP and SBP > 90, may administer **Midazolam:** * **Morphine Sulfate** * If the heart rate > 50 BPM, but hypotension persists: * **Normal Saline** fluid bolus * If **Normal Saline** bolus ineffective, administer **Dopamine** Titrate to maintain SBP > 90. * If dialysis patient with suspected hyperkalemia [T wave is peaked; QRS is prolonged (>0.12 seconds) or hypotension develops] AND bradycardia is unresponsive to **Atropine** and **Transcutaneous pacing**, administer **Calcium Chloride** * If suspected hyperkalemia persists (peaked T wave; prolong QRS), administer **Albuterol** via nebulizer (helps drive K+ into cells). |