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| **BLS Treatment** |
| * Position of comfort.
* NPO.
* **Oxygen** as indicated.
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| **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).
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