

BLS Treatment

- ❖ Treat life threats. (See Procedure 701 *Life Threats*)
 - If pulseless, see Protocol 700-C1 *Cardiac Arrest*
- ❖ Identify presence of serious signs or symptoms*
- ❖ Prepare for transport/transfer of care.

ALS Treatment

- ❖ Treat life threats. (See Procedure 701 *Life Threats*)
- ❖ Cardiac Monitor/12-lead-ECG
- ❖ HR < 60 bpm without serious signs or symptoms*:
 - Transport/Contact Base Station.
- ❖ HR < 60 bpm and serious signs or symptoms*:

*Serious Signs or Symptoms	
Chest Pain	Decreased LOC
SBP < 90 mmHg	Pulmonary
Acute MI	Congestion
Shock	CHF
	SOB

- **Atropine** 0.5mg IV/IO.
 - May be administered while awaiting pacing set up
 - Repeat q 3-5 min. prn to alleviate symptoms or increase pulse to 60 bpm.
 - Not to exceed 3mg maximum total dose IV/IO.
 - If cardiac transplant, Type II, 2nd degree block, 3rd degree block with widened QRS or in-extremis then proceed directly to Transcutaneous Cardiac Pacing
- Establish TCP. See Procedure 705, *Transcutaneous Cardiac Pacing*.
 - **Warning:** Avoid TCP with severe hypothermia (See Protocol 700-E2 *Cold Exposure/Hypothermia*)
- Transport/Contact Base
- Consider positioning, 250ml fluid bolus.
- If persistent hypotension, consider push dose **Epinephrine** (See Protocol 700 M9 *Shock*).

David Ghilarducci MD

David Ghilarducci MD
EMS Medical Director