



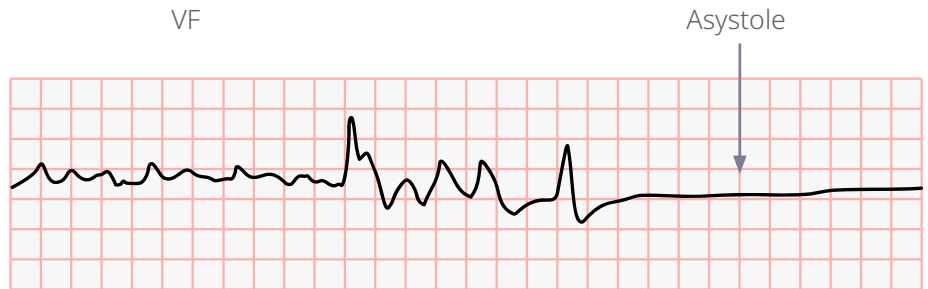
ASYSTOLE

WATCH VIDEO!



Asystole is the absence of electrical and mechanical cardiac activity. In plain language, asystole means the heart is not pumping and blood flow to the vital organs has ceased. Without prompt intervention, asystole can quickly result in irreversible brain damage and death.

Asystole usually occurs as a progression from other non-perfusing rhythms, such as ventricular fibrillation and pulseless ventricular tachycardia. While defibrillation may be used to reset these disorganized cardiac rhythms, in the case of asystole there is no electrical activity to be reset and **defibrillation is not effective**.



Signs and symptoms of asystole

- Unresponsive
- No spontaneous respirations
- No palpable pulse
- No detectable cardiac activity on monitor or when AED applied

CLINICAL TIP

Always assess your client! What looks like asystole on the monitor may be due to a malfunctioning or displaced ECG lead. Do not rely exclusively on monitoring devices to guide your actions. Implement appropriate interventions based on prompt assessment of the client's status.

Treatment of asystole

Cardiopulmonary resuscitation (CPR)



Call for help and initiate CPR immediately. If possible, seek advanced cardiac life support after 2 minutes of high quality CPR with no return of spontaneous circulation.

Advanced cardiac life support (ACLS)



If trained personnel are available, implement the advanced cardiac life support algorithm. Epinephrine may be administered every 3 to 5 minutes.

- Perform rhythm check every 2 minutes
- Defibrillate if conversion to shockable rhythm is detected
- Establish an advanced airway if client remains unresponsive
- Work to identify and reverse underlying cause of cardiac arrest