

A few pearls...

P. E. A. Pulseless electrical activity

Ponder- why is this patient in PEA?

Remember....

Epinephrine- 1mg IV Push q 3- 5 minutes

Atropine- 1mg IV Push q 3-5 minutes if rate < 60

From Dr. Blenko...

The *rate* and the QRS complex *width* offer clues as to the etiology of the PEA.

For example, an absolute (hypovolemia) or relative (PE, cardiac tamponade) hypovolemia will present with a fast, narrow complex. Acidosis or hypoxia causes a slow, normal-width complex. Drugs and/or toxins block conduction channels and cause a wide complex.

Thus the following table can be generated:

		COMPLEX WIDTH	
		NARROW	WIDE
R A T	F	Hypovolemia	V Tachycardia
	A	Shock	Wide-Complex Tachycardia
A T	S	Cardiac Tamponade	Electrolytes
	T	Pulmonary Embolus	ACS
T E L O W	S	Hypoxia	Drugs
	L	Acidosis	Toxins
	O		Electrolytes
	W		ACS