**ACLS (Cardiopulmonary Resuscitation and Advanced Cardiac Life Support)**

A. *Electrocardiographic* *Asystole* (suggested for all levels of training)

* *.* We suggest that bedside cardiac ultrasonography may be performed during asystole to guide further resuscitative efforts. **Grade 2C**
* *Rationale:* The American Heart Association (AHA) Advanced Cardiac Life Support (ACLS) and European Resuscitation Council and International Liason Committee on Resuscitation (ILCOR) guidelines emphasize detection and treatment of potentially reversible causes of pulseless cardiac arrest. These are referred to as the six H’s and T’s and include: Hypovolemia, Hypoxia, Hydrogen (acidosis), Hypo/Hyperkalemia, Hypoglycemia, Hypothermia, Toxins, Tamponade, Tension Pneumothorax, Thrombosis (coronary or pulmonary), and Trauma. 81, 82 However, prior to detecting potential secondary etiologies and subsequent continuation of a “Pulseless Arrest” algorithm the correct diagnosis that a pulse is indeed absent needs to be made. However, this seemingly simple physical exam finding is often interpreted incorrectly when applied during the emergent evaluation of an unstable patient. 83-85 Bedside echocardiography has been shown to be very useful at detecting whether or not true cardiac contractility is occurring.86, 87 Patients found to be in true cardiac standstill on BCU have a nearly 100% mortality rate.88, 89 The intensivist should use this information if oxygenation and other treatment modalities are optimized as one source in deciding if continued resuscitative efforts are useful.90-92

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