

ADULT CARDIAC ARREST GUIDELINE

ALWAYS USE BODY SUBSTANCE ISOLATION PRECAUTIONS

INDICATION

- To provide effective, quality cardiopulmonary resuscitation in a sequential and organized manner

CRITICAL INFORMATION

- Witnessed vs. unwitnessed
- Bystander CPR vs. No Bystander CPR
 - For documentation purposes, inappropriately given CPR = NO CPR

TREATMENT

- If unwitnessed arrest, complete 5 cycles (2 minutes) of CPR before rhythm analysis. If witnessed arrest with effective bystander CPR, immediately attach monitor/defibrillator.
- Compressions
 - Begin compressions at a rate of at least 100 per minute or apply mechanical CPR device
 - Compress the chest at least 2 inches and allow for full recoil of chest
 - Change compressors every 2 minutes
 - Minimize interruptions in compressions. If necessary to interrupt, limit to 10 seconds or less
 - Do not stop compressions while defibrillator is charging
 - Resume compressions immediately after any shock
- Monitor/Defibrillator
 - Priority of second rescuer is to apply pads while compressions are in progress
 - Determine rhythm and shock if indicated
 - Follow specific treatment guideline based on rhythm
- Basic Airway Management
 - During the first 5 minutes of resuscitation BLS airway management is preferred
 - Open airway and provide 2 ventilations after every 30 compressions
 - Ventilation should be about one second each- enough to cause visible chest rise. Avoid excessive ventilation.
 - Use two-person BLS Airway management (one holding mask and one squeezing bag) whenever possible
- Establish IV/IO Access
- Advanced Airway Management
 - **Placement of advanced airway is not a priority during the first 5 minutes of resuscitation unless no ventilation is occurring with basic maneuvers**
 - King Airway is the preferred device if an advanced airway is required.
 - Laryngoscopy for endotracheal tube placement must occur with CPR in progress. Compressions should not be interrupted for more than 10 seconds for advancement of tube through the cords
 - AVOID EXCESSIVE VENTILATION – provide no more than 8-10 ventilations per minute
 - Maintain O2 saturation level of >94% and <100%.
 - Continuous monitoring of End-Tidal CO2 to monitor effectiveness of CPR and advanced airway placement.
- Treatment on Scene
 - Movement of patient during CPR may be detrimental to patient outcome

- Provide resuscitation on scene until ROSC, patient meets Determination of Death criteria, or transport is indicated. Paramedic discretion to transport patients receiving CPR may be warranted in certain situations (refractory VF, unsafe scene conditions, hypothermic, etc.).
- If ROSC, transport to a STEMI Receiving Center.

RELATED POLICIES/ PROCEDURES

- Determination of Death ATG6
- Determination of Death BLS5
- King Airway Procedure ALS14
- Ventricular Fibrillation / Pulseless Ventricular Tachycardia C1
- PEA C2
- Asystole C3
- Return of Spontaneous Circulation C10