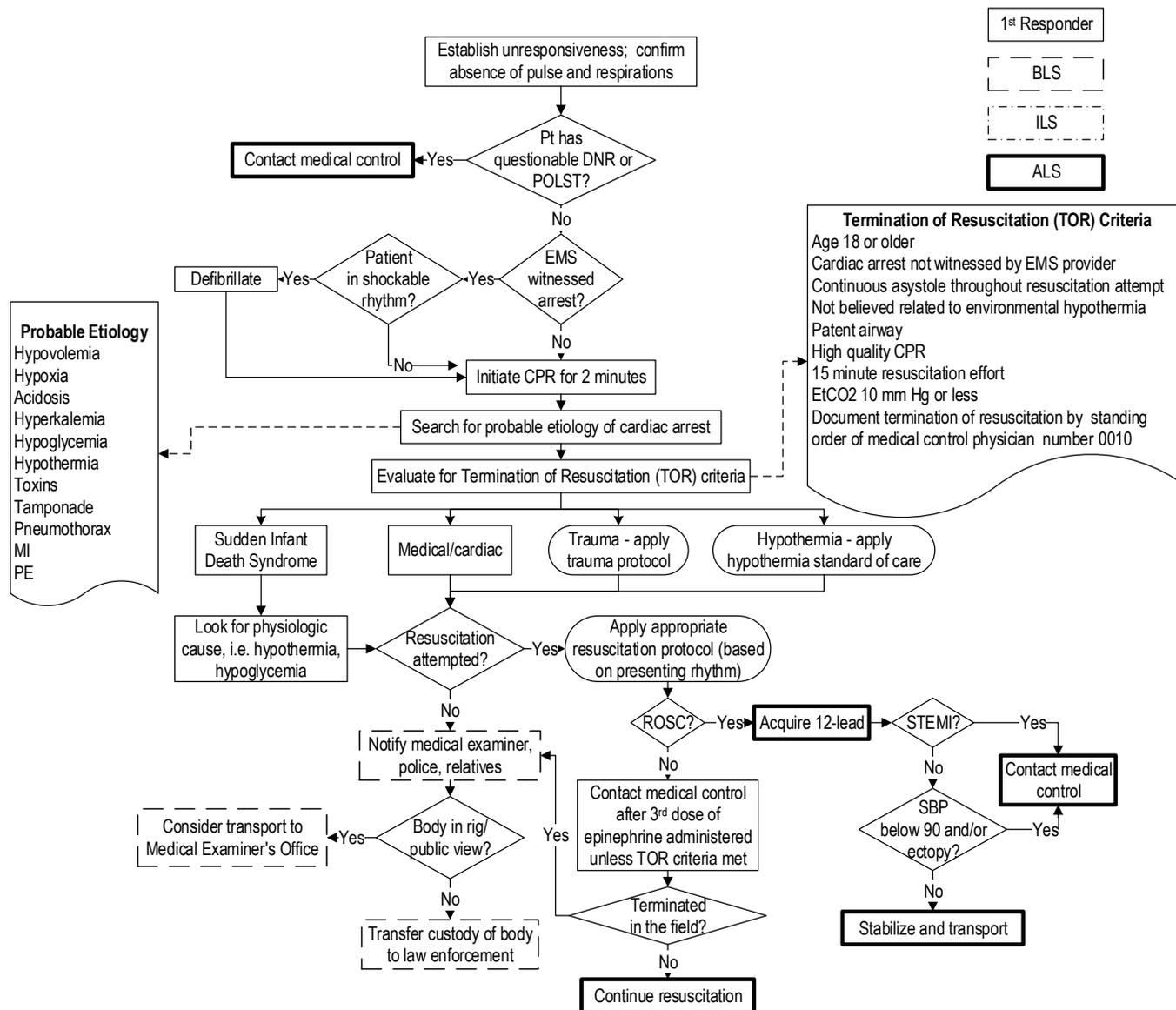


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 Revision: 31

**MILWAUKEE COUNTY EMS  
 PRACTICE GUIDELINE  
 CARDIAC ARREST**

Approved by: M. Riccardo Colella, DO, MPH, FACEP  
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**NOTES:**

- BLS shall be started on all patients in cardiac arrest with the exception of victims with: decapitation; rigor mortis; evidence of tissue decomposition; dependent lividity; presence of a valid Do-Not-Resuscitate or POLST (Physician Orders for Life-Sustaining Treatment); fire victim with full thickness burns to 90% or greater body surface area; hypothermic patients with signs of frozen tissue, rigid airway, ice formation in mouth, or chest noncompliant for CPR.
- A responding paramedic may cease a BLS initiated resuscitation attempt if:
  - No treatment other than CPR, non-visualized airway insertion, and/or AED application with no shock advised **OR** patient is in traumatic arrest and ECG shows asystole **OR** core temperature is less than 10 °C or 50 °F.
  - If the patient meets termination of resuscitation (TOR) criteria
- Resuscitation must be attempted in traumatic cardiac arrests if the patient is in Vfib (defibrillate once and transport) or if the patient has a narrow QRS complex, regardless of the rate.
- The system standard is: CPR will be provided whenever patient is pulseless; compressions at least 100/minute; hands on chest more than 75% of time; minimum compression depth of 2 inches in adults 75% of the time.
- If a fire victim has ROSC, hypotension or altered consciousness, evaluate for possibility of cyanide poisoning and consider administration of hydroxocobalamin (refer to Cyanide Poisoning protocol).
- Please call the Research Line at 805-6493 to report all cardiac arrests, including DOA.
- There is no evidence of naloxone improving the chance of ROSC when a patient is in cardiac arrest due to a narcotic / opiate overdose. Focus should be on standard CPR/ACLS with good CPR and mechanical ventilation rather than attempts with naloxone.