



Resuscitation
CARDIAC ARREST – ADULT (MEDICAL)
Practice Guideline

Patient Care Goals:
 1. Return of Spontaneous Circulation (ROSC)
 2. Preservation of neurologic function

Patient Presentation:
Inclusion Criteria:
 Adult (18 or older) without palpable pulses
Exclusion Criteria:
 Patients with valid DNR/POLST order
 Obvious death as defined as: decapitation, rigor mortis, dependent lividity, decomposition, full thickness burns >90% of body, hypothermia with rigid airway or ice formation in airway
 Obvious traumatic etiology (see Traumatic Cardiac Arrest practice guideline)

Defibrillation:
 Anterolateral pad placement, biphasic dose 200J
 Resume compressions immediately after shock

Refractory Vfib/Vtach (defined as persistent rhythm not responding to 300 mg of amiodarone, and 3 defibrillation attempts from any device):

- Limit Epinephrine to 3 doses while refractory
- Apply second pad in the anterior/posterior orientation for delivery of remaining shocks (both manual **and** LUCAS CPR)
- **Refractory VF/VT + Lucas CPR = LOAD & GO (NOTE: OLMC is OPTIONAL but not necessary)**
- Refractory VF/VT without Lucas CPR = Potential transport based on OLMC + RESUS hosp. proximity

Medications:
 Epinephrine 1:TEN THOUSAND 1mg q3-5 min IV/IO
 Amiodarone IV/IO, 300mg bolus (first dose) then 150mg bolus (second dose) after 8-10 min
 Calcium gluconate if pt meets Hyperkalemia PG criteria 3G IV/IO slow push
 Magnesium if ECG presents as Torsades de pointes 2G bolus
 Sodium Bicarb (OLMC order) 50 mEq IV/IO
 Note: there is no evidence naloxone improves chance of ROSC due to opiate overdose; focus on good CPR w/standard ACLS rather than attempts w/naloxone

Advanced Airway:
 SGA Airway placement or Endotracheal intubation
 Refer to Airway Management Practice Guideline

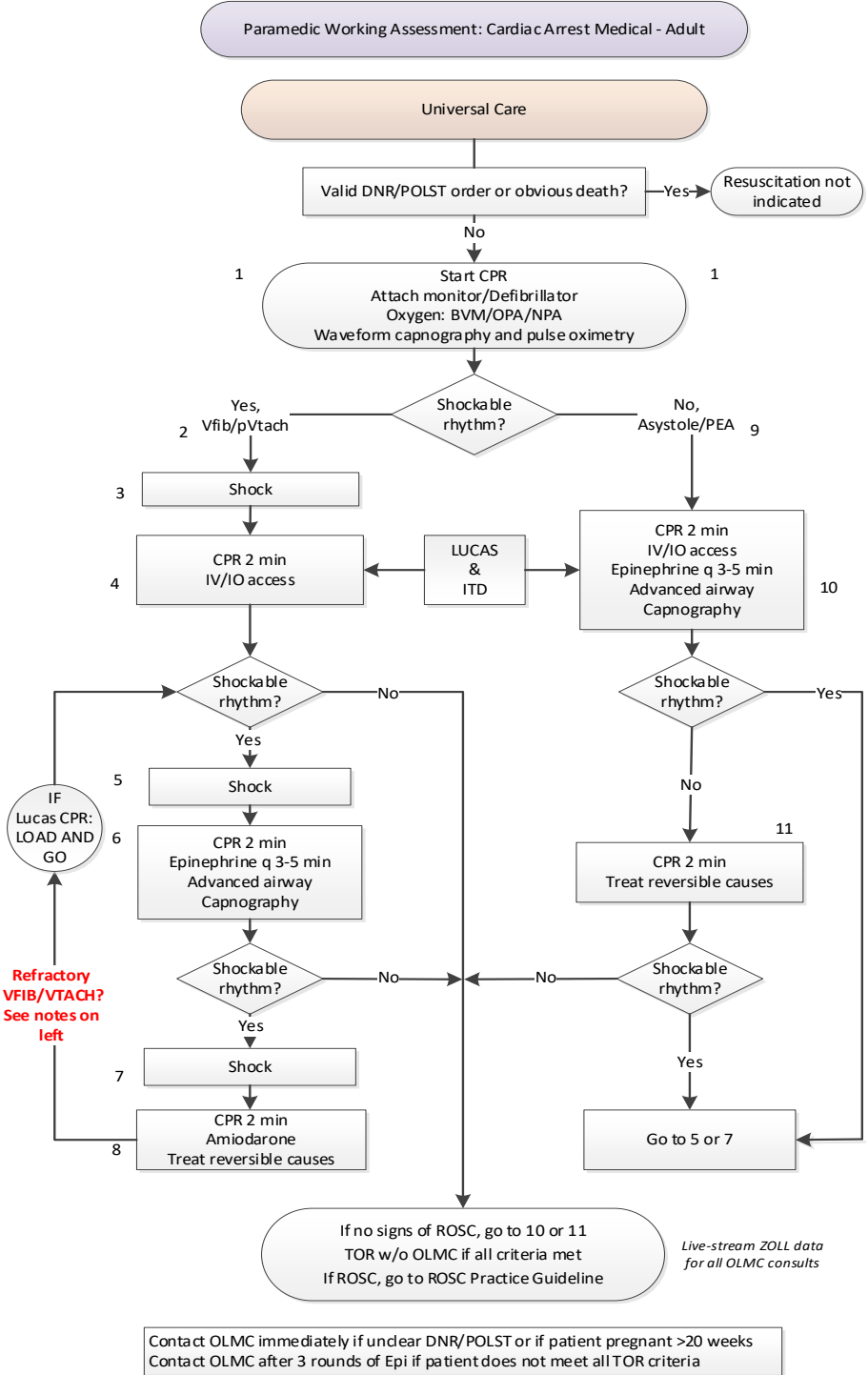
Quality Improvement:
 High quality CPR: Push hard (>2ins) & fast (100-120min)
 Minimize interruptions in compressions
 Rotate compressors every 2 minutes w/ manual CPR
 Avoid excessive ventilation (1 breath every 6 seconds)
 Capnography (early, with BVM, ongoing monitoring)

Key Documentation elements:
 Times of resuscitation and all interventions
 Witnessed? Bystander CPR? Public AED?
 Initial rhythm shockable/first monitored rhythm?
 Capnography confirmation/values
 Any ROSC

TOR/10-99 criteria w/o OLMC
 Age 18 or older
 Cardiac arrest not witnessed by EMS Provider
 Continuous asystole throughout resuscitation effort
 Not believed related to environmental hypothermia
 Patent airway
 High quality CPR
 15 minute resuscitation effort with deterioration of EtCO₂ to 10 mm Hg or less. *Note: contact OLMC for values of zero that recur/persist after troubleshooting*
 Document termination of resuscitation by standing order of OLMC physician #0011

Safety Considerations:
 Generally transport only after ROSC- however circumstances may arise when transport is indicated such as certain submersion arrests, refractory VF/VT or pseudo PEA cases, recommendation/collaboration with OLMC; mechanical CPR device is encouraged

Notes:
 If fire victim has ROSC/hypotension/alt loc, evaluate for cyanide poisoning and consider administration of hydroxocobalamin (Cyanokit®)
 HANGING victims should be treated as asphyxia medical arrests





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MEDICAL ARREST SBAR			
I N T R O	Hello. This is MED () with a (AGE) (SEX) on scene of a MEDICAL cardiac arrest		Remember to LIVE STREAM ZOLL DATA
<i>Situation</i>			
S	Arrest witnessed Bystander CPR (and/or defib) LKW Time Initial Rhythm Current Rhythm	by was of was is	EMS, Bystander, Unwitnessed Performed, Not performed Military time, Unknown VF, VT, PEA +rate, Asystole VF, VT, PEA +rate, Asystole
<i>Background</i>			
B	Airway Initial EtCO2 Current EtCO2 Access IV Fluid Volume Epinephrine Amiodarone Other medications administered Defibrillation Glucose CPR Other interventions	is was is is totals times times include times reading type is include	BVM only, King airway, ET tube value value IV, IO, Not obtained x mLs 1, 2, 3, 4 ... 1, 2 D10, Naloxone, other 1,2,3,4 ... value Mechanical, Manual LSIs
<i>Significant details of the situation and PMHx</i>			
A	Past medical history Significant details of situation Minutes working this code	includes include is	MI, CABG, STENT, HTN, CHF, Diabetes, COPD, Asthma, current major illness any missing <i>pertinent</i> details x mins
<i>Requests & Recommendations</i>			
R	<ul style="list-style-type: none"> ❖ We are considering... ❖ We are looking for guidance on next steps ❖ We are requesting TOR 		