



Pit Crew CPR

EMT-Basic

Advanced EMT

Paramedic

PROCEDURE

Position Number Indicates Priority

SCRIBE / AIRWAY ASSISTANT

1. Accurately records events
2. Assist with airway
3. Monitors capnography

Scribe Airway Asst.

6

Airway Ventilation

2

Compressor #2

4

Compressor #1

1

COMPRESSOR #2

1. Monitor CPR Quality of Compressor #1
2. Deploys mechanical CPR when available.
3. Assist with vascular access
4. Ensure patient is packaged for transport

Monitor Access Meds

3

MONITOR/ACCESS/MEDS

1. Ensures appropriate pad placement (anticipates mechanical CPR device)
2. Monitors CPR Quality
3. Anticipates Defibrillation
4. Gains vascular access
 - a. IV is the preferred route
 - b. Humeral IO preferred over prox. tibia
5. Delivers medications using MACC
6. Anticipates next meds
7. Anticipates ROSC management

5

Boss

BOSS

1. Clearly defines roles
2. Anticipates next steps
3. Focuses on high-quality CPR
4. Identifies egress route
5. Liaison to bystanders/law enforcement
6. Consults with OLMC as needed

AIRWAY

1. Position patient's head
2. BVM with adjuncts **AND** capnography
3. Advanced airway:
 - a. SGA is preferred
 - b. ET Tube with VL only in conditions outlined in Airway Guideline
 - c. If EtCO₂ is not functioning, do not attempt advanced airway.
4. Airway **MUST** be confirmed with continuous waveform capnography
5. Secure airway with commercial device.
6. Apply ITD (ResQPod)
7. Focuses on proper ventilation
8. Insert OG/NG tube

COMPRESSOR #1

1. Move patient to an area to work
2. Ensures high-quality compressions

KEY POINTS

- Clearly defined roles is essential – prepare before the call
- Capnography is the only verification tool that should be utilized to prove an airway is patent and secured
- Consider use of mechanical device after first round of high quality CPR
- ITD (ResQPod) should only be used in conjunction with advanced airway and mechanical CPR device – remove if ROSC occurs
- Stabilize prior to transport – fluid resuscitate, monitor EtCO₂, start pressors

NOTE: Refractory VF should be considered a load and go transport with mechanical CPR, scene time goal is less than 10 minutes

Following standing treatment guidelines if patient rhythm or status changes, OLMC is not required unless EMS has a concern
- Serial 12-Leads post-ROSC
- Transport to Resuscitation Hospital
- Consider softkeys on Zoll to assist with documentation

Practical Skills Manual

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