Base Hospital Contact Required	Base Hospital Contact Required

119 PULSELESS ARREST ENTRY ALGORITHM

For patients < 18 years begin transport after 10 minutes of High-Performance CPR or if ROSC is achieved

Special Considerations

Consider H's and T's and correct if possible

- Compressions should be 100-120 min delivered hard and fast.
- 2" depth
- Ensure full chest recoil
- Hover hands over chest during shocks
- Use 30:2 or 10:1 compression to ventilation rate as preferred

1. High-Performance CPR increases sudden cardiac arrest survival rates significantly. To implement High-Performance CPR ensure Compression rate of 100-120 CPM with a depth of 2 inches for adults. Metronome shall be used and set at 105-115. 30-2 or 10-1 continual compression to ventilation rate are both acceptable depending upon agency policy. Ventilations should be performed to achieve chest rise only (approximately 300-400 mL). Utilize the 3-finger method or ventilate from the back of the BVM. Defibrillators should be pre-charged prior to rhythm/pulse checks. Pauses in compressions should be for AED analysis periods only. Give 30 compressions prior to shock delivery. CPR should not be stopped to perform ALS interventions such as IV/IO or Intubation. Compressors should be rotated every 2 minutes as personnel are available. Transitions in compressors should be during pulse checks and take < 3 seconds. Full chest recoil between each compression is crucial to provide perfusion to the myocardium.

2. ALS apply waveform capnography to BVM or airway device immediately after ventilations are initiated.

3. BLS apply colorimetric or waveform capnography to BVM airway device immediately after ventilations are initiated (Waveform Capnography preferred).

4. Consider Naloxone, blood glucose analysis and Dextrose (if hypoglycemic) in all unresponsive patients including cardiopulmonary arrest. When possible, blood glucose analysis is indicated prior to administration of 10% Dextrose