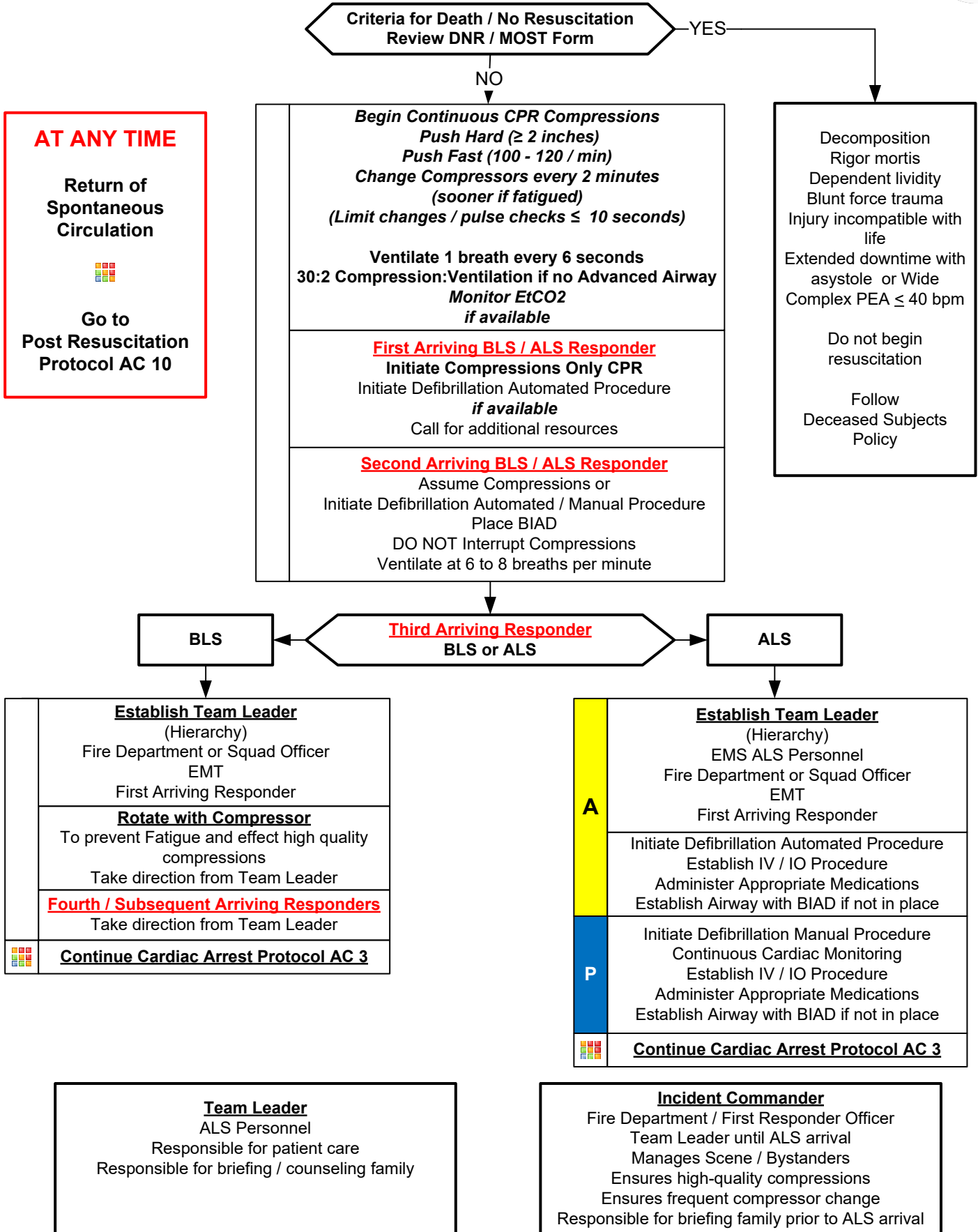


Team Focused CPR



Team Focused CPR



Pearls

- * **Team Focused Approach / Pit-Crew Approach recommended; assigning responders to predetermined tasks.**
- * **Efforts should be directed at high quality and continuous compressions with limited interruptions and early defibrillation when indicated.**
- * **DO NOT HYPERVENTILATE:** If no advanced airway (BIAD, ETT), compression to ventilation ratio is 30:2. If advanced airway in place, ventilate 10 breaths per minute with continuous, uninterrupted compressions.
- * **Do not interrupt compressions to place endotracheal tube. Consider BIAD first to limit interruptions.**
- * **It is appropriated to provide passive oxygenation when limited resources are on the scene and prior to the establishment of the Team Focused Approach / Pit-Crew Approach.**
- * Reassess and document BIAD and / or endotracheal tube placement and EtCO₂ frequently, after every move, and at transfer of care.
- * **IV / IO access and drug delivery are secondary to high-quality chest compressions and early defibrillation.**
- * **IV access is preferred route. Follow IV or IO Access Procedure UP 6**
- * **Defibrillation:** Follow manufacture's recommendations concerning defibrillation / cardioversion energy when specified.
Charge defibrillator during chest compressions, near the end of 2-minute cycle, to decrease peri-shock pause.
Following defibrillation, provider should immediately restart chest compressions with no pulse check until end of next cycle.
- * Success is based on proper planning and execution. Procedures require space and patient access. Make room to work.
- * Discussion with Medical Control can be a valuable tool in developing a differential diagnosis and identifying possible treatment options.