Team Focused CPR



Criteria for Death / No Resuscitation Review DNR / MOST Form

NO

YES

AT ANY TIME

Return of Spontaneous Circulation

Go to
Post Resuscitation
Protocol AC 10

Begin Continuous CPR Compressions
Push Hard (≥ 2 inches)
Push Fast (100 - 120 / min)
Change Compressors every 2 minutes
(sooner if fatigued)
(Limit changes / pulse checks ≤ 10 seconds)

Ventilate 1 breath every 6 seconds 30:2 Compression:Ventilation if no Advanced Airway Monitor EtCO2 if available

First Arriving BLS / ALS Responder

Initiate Compressions Only CPR

Initiate Defibrillation Automated Procedure *if available*

Call for additional resources

Second Arriving BLS / ALS Responder

Assume Compressions or Initiate Defibrillation Automated / Manual Procedure Place BIAD

> DO NOT Interrupt Compressions Ventilate at 6 to 8 breaths per minute

> > Α

P

Decomposition
Rigor mortis
Dependent lividity
Blunt force trauma
Injury incompatible with
life
Extended downtime with
asystole or Wide
Complex PEA ≤ 40 bpm

Do not begin resuscitation

Follow Deceased Subjects Policy



Establish Team Leader

(Hierarchy)
Fire Department or Squad Officer
EMT

First Arriving Responder

Rotate with Compressor

To prevent Fatigue and effect high quality compressions

Take direction from Team Leader

Fourth / Subsequent Arriving Responders

Take direction from Team Leader

Continue Cardiac Arrest Protocol AC 3

Establish Team Leader

(Hierarchy)

EMS ALS Personnel Fire Department or Squad Officer EMT

First Arriving Responder

Initiate Defibrillation Automated Procedure Establish IV / IO Procedure Administer Appropriate Medications Establish Airway with BIAD if not in place

Initiate Defibrillation Manual Procedure
Continuous Cardiac Monitoring
Establish IV / IO Procedure
Administer Appropriate Medications
Establish Airway with BIAD if not in place

Continue Cardiac Arrest Protocol AC 3

Team Leader

ALS Personnel
Responsible for patient care
Responsible for briefing / counseling family

Incident Commander

Fire Department / First Responder Officer
Team Leader until ALS arrival
Manages Scene / Bystanders
Ensures high-quality compressions
Ensures frequent compressor change
Responsible for briefing family prior to ALS arrival

Adult Cardiac Protocol Section

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.