

SUBJECT: **CARDIAC ARREST (NON-TRAUMATIC)**  
**PATIENT DESTINATION**

(PARAMEDIC, MICN)  
REFERENCE NO. 516

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## CHANGE LOG

| Published Date | Status   | Section and Subsection Affected   | Description of Change(s)   |
|----------------|----------|---|--|
| 09/01/2023     | Addition | #6  | <ul style="list-style-type: none"><li>• Addition of #6: "Patients in cardiac arrest with hanging or submersion mechanisms are asphyxial in the large majority of cases and should be considered a medical cardiac arrest for management and transport destination unless there is strong evidence of cervical spine injury."</li></ul>   |
| 10/01/2024     | Revision | #6  | <ul style="list-style-type: none"><li>• Added to consider medical cardiac arrest for <b>field</b> management; and included examples of cervical spine injury.</li></ul>  |
| 07/01/2025     | Addition | DEFINITIONS:<br>POLICY III:<br>POLICY IV:<br>POLICY V, V.D<br>POLICY VI:<br>POLICY VII: | <ul style="list-style-type: none"><li>• Added definition for ECPR Receiving Centers</li><li>• Added criteria for ECPR Center transportation</li><li>• Added notification requirement to ECPR center</li><li>• Revision OHCA destination to specify destination for the OHCA not meeting ECPR criteria</li><li>• Included Patients transported on Base judgment for ECPR when closest SRC is an ECPR receiving center</li><li>• Addition of transport direction for diversion of the ECPR patient</li><li>• Revision of transport direction for STEMI diversion for the cardiac arrest patient with STEMI</li></ul> |