



Section: BLS Medical Care – Standing Orders
Subject: CARDIAC ARREST
Section #: 320.05
Issue Date: March 21, 2011
Revision Date: December 1, 2017
Approved By: 

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1. The treatment of cardiac arrest is generally to be provided in accordance with the current American Heart Association Basic Cardiac Life Support Guidelines, but given the rapid pace of medical knowledge growth, HCFR policy may vary according to the standard of care at the time of the adoption or renewal of this policy.
2. Emphasis shall be placed on the quality of CPR for all arrest victims.
3. The following are important points which shall be adhered to in treating the person suffering from cardiac arrest:
 - a. When resuscitation is indicated, the patient will be treated ***quickly and aggressively*** where found, if possible.
 - b. Compressions will be immediate and sufficient to produce a central pulse, with rate/depth in accordance with current American Heart Association guidelines and **HCFR COMPRESSIONS – VENTILATIONS GUIDE**.
 - i. If available, and indicated an automated CPR device shall be used as soon as possible (preferably within 60 seconds).
 - ii. Any interruption of compressions shall be extremely limited and for as brief a period as possible.
 - c. The compression to ventilation ratio will be in accordance with current AHA BLS guidelines.
 - i. Once a rescue airway is in place; compressions will be continuous and ventilations shall be no more than 6 to 10 per minute.
 - d. The AED should be placed on the patient upon arrival at the bedside; but the *Analyze* button should not be pressed until three (3) minutes of CPR have been completed unless the arrest is witnessed in which case the *Analyze* button should be pressed immediately after placement.
 - e. After any shock is administered, immediately perform two (2) minutes of CPR prior to a pulse check or re-analyzing the rhythm.
 - f. If the patient is hypothermic, only one shock is to be administered.
4. **General Cardiac Arrest Algorithm for Out-of-Hospital Cardiac Arrest of Cardiac Origin (OOHCA-CO):**
 - a. Assess:
 - i. Confirm the lack of a pulse and apnea.
 1. Use standard approved methods (AHA-BLS) to open and maintain the airway.
 - ii. Turn on the AED and, if available, an automated CPR device.
 - iii. Administer two (2) rescue breaths.
 - iv. Compressions begin immediately:
 1. Rate is at least 100/min.
 2. Push hard and fast, releasing the chest completely on the upstroke, but not bouncing on the chest.
 3. Maintain a ratio of 30 compressions to 2 breaths.
 - v. AED pads are applied to the chest.
 - vi. If available and indicated apply an automated CPR device.
 - vii. Press *Analyze* on the AED as soon as pads have been applied to the patient's chest.
 1. If shock advised, clear the patient and administer the shock.
 2. If NO shock advised, brief pulse check (~ 4 seconds) and if none, resume CPR.

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3. Begin cycle of two (2) minutes of CPR and then analyze rhythm. Continue this cycle until return of spontaneous circulation (ROSC) is achieved or otherwise directed by arriving ALS members.
- viii. Upon ROSC, continue ventilatory support as needed at a rate of 1 every 6 seconds (10/minute.)