Section: Adult Medical
Subject: CARDIAC ARREST – GENERAL ALGORITHM
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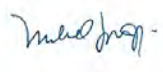
Approved By:  Michael Lozano, Jr., M.D., HCFR Medical Director

1. General Algorithm for Out-of-Hospital Cardiac Arrest of Cardiac Origin
    a. Assess:
        i. Check for unresponsiveness.
        ii. Confirm the presence of apnea or ineffective breathing.
        iii. Turn on the cardiac monitor and, if available, an automated CPR device
        iv. Use standard approved methods (AHA-ACLS) to open and maintain the airway.
    b. Circulation:
        i. Confirm no pulse within the first 10 seconds.
        ii. Begin chest compressions immediately using rate/depth in accordance with current American Heart Association guidelines.
        iii. Push hard and fast releasing the chest completely, but not bouncing on the chest.
        iv. Limit interruptions to chest compressions to less than ten (10) seconds.
        v. If indicated and available, an automated CPR device may be placed.
        vi. With manual CPR, rotate personnel performing compressions every two minutes.
    c. Breathing:
        i. After the initial thirty (30) compressions, administer two (2) rescue breaths.
        ii. Apply defibrillation pads to the chest.
    d. Perform CPR for two (2) minutes.
    e. Perform pulse/rhythm check and refer to appropriate HCFR protocol.
        i. <u>Non-perfusing rhythms</u>:
            1. Shockable rhythms:
                a. V-Fib/Pulseless V-Tach
            2. No-shock rhythms:
                a. Asystole
                b. Pulseless Electrical Activity
        ii. <u>Perfusing rhythms</u>:
            1. A-Fib/A-Flutter
            2. Bradycardia/Conduction Block
            3. SVT
            4. Ventricular Ectopy
            5. Ventricular Tachycardia
            6. Wide Complex Tachycardia of Unknown Etiology

2. QA Points:
    a. Although ventilations are an important part of resuscitation, evidence shows that compressions are the critical element in adult resuscitation.
    b. If a pulse is not detected right away, do not delay the start of compressions.
    c. Faster and deeper compressions are required to generate the pressures necessary to perfuse the coronary and carotid arteries.