



Resuscitation

Cardiac Arrest (VF/VT/Asystole/PEA)

Aliases

Arrest

Full arrest

Heart attack

Patient Care Goals

1. Return of spontaneous circulation (ROSC)
2. Preservation of neurologic function
3. High-quality chest compressions/CPR with minimal interruption from recognition of cardiac arrest until confirmation of ROSC or field termination of care

Patient Presentation

Inclusion Criteria

Patients with cardiac arrest

Exclusion Criteria

1. Patients suffering cardiac arrest due to severe hypothermia [See [Hypothermia/Cold Exposure Guideline](#)]
2. Patients with identifiable Do Not Resuscitate (or equivalent such as POLST) order [See [Do Not Resuscitate Status/Advance Directive/Healthcare Power of Attorney \(POA\) Status Guideline](#)]
3. Patients in arrest due to traumatic etiology [See [General Trauma Management Guideline](#)]

Patient Management

Assessment

1. The patient in cardiac arrest requires a prompt balance of treatment and assessment
2. In cases of cardiac arrest, assessments should be focused and limited to obtaining enough information to reveal the patient is pulseless
3. Once pulselessness is discovered, treatment should be initiated immediately, and any further history must be obtained by bystanders while treatment is ongoing

Treatment and Interventions

The most important therapies for patients suffering from cardiac arrest are prompt cardiac defibrillation for shockable rhythms and minimally interrupted effective chest compressions

1. Initiate chest compressions in cases with no bystander chest compressions or take over compressions from bystanders while a second rescuer is setting up the AED or defibrillator
 - a. If adequate, uninterrupted bystander CPR has been performed or if the patient arrests in front of the EMS clinicians, immediately proceed with rhythm analysis and defibrillation, if appropriate
 - b. It is realistic for EMS clinicians to tailor the sequence of rescue actions to coincide the most likely cause of arrest
 - c. There is insufficient evidence to recommend for or against delaying defibrillation to provide a period of CPR for patients in VF/pulseless VT out-of-hospital cardiac arrest