

Cardiac

C-01 Cardiac Arrest

<p>Chest Compressions</p> <ul style="list-style-type: none">• Rate: 100-120/min• Depth: 2 inches, allow full chest recoil• Minimize interruptions• Rotate personnel every 2 minutes• Perform CPR during AED/defibrillator charging• Resume CPR immediately after defibrillation• Limit pulse checks to less than 10 seconds <p>Mechanical Chest Compression Devices</p> <ul style="list-style-type: none">• Apply following completion of at least one manual CPR cycle OR at the end of the current cycle• Follow manufacturer's recommendations on indications/contraindications <p>Defibrillation and General Patient Management</p> <ul style="list-style-type: none">• Analyze rhythm and check pulse after every 2 minute CPR cycle• Follow manufacturer's recommendations for biphasic manual defibrillation settings. If unknown, start at max setting• Limit movement of patient to prevent interruptions in CPR• If safe to do so, perform CPR and interventions before moving patient for approximately 20 minutes on scene prior to transport or termination of resuscitation.• If ROSC is achieved, perform 12 Lead EKG and transport to closest STEMI Center	<p>Advanced Airway Management</p> <ul style="list-style-type: none">• Establish advanced airway at appropriate time during resuscitation• Do not interrupt chest compressions to establish an advanced airway• Waveform capnography shall be used on all patients with an advanced airway in place <p>Consider Reversible Causes (H's & T's)</p> <ul style="list-style-type: none">• Hypovolemia• Hypoxia• Hydrogen Ion (acidosis)• Hypokalemia/Hyperkalemia• Hypothermia• Tamponade, cardiac• Tension pneumothorax• Thrombosis, pulmonary• Thrombosis, cardiac• Toxins <p>Termination of Resuscitation</p> <p>Terminate resuscitation per Policy 6155, Resuscitation Parameters</p>
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Specific Treatments for Reversible Causes (H's & T's)

Hypovolemia: Consider up to 1000mL bolus IV/IO NS

Hyperkalemia with patients with renal failure:

Calcium Chloride 1g IV/IO. Flush line then give

Sodium Bicarbonate 50mEq IV/IO

Hypothermia: Warming measures

Tension Pneumothorax: Treat per Protocol S-1

Toxins: For TCA overdose, Sodium Bicarbonate 50mEq IV/IO. Treat all others per appropriate protocols.

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