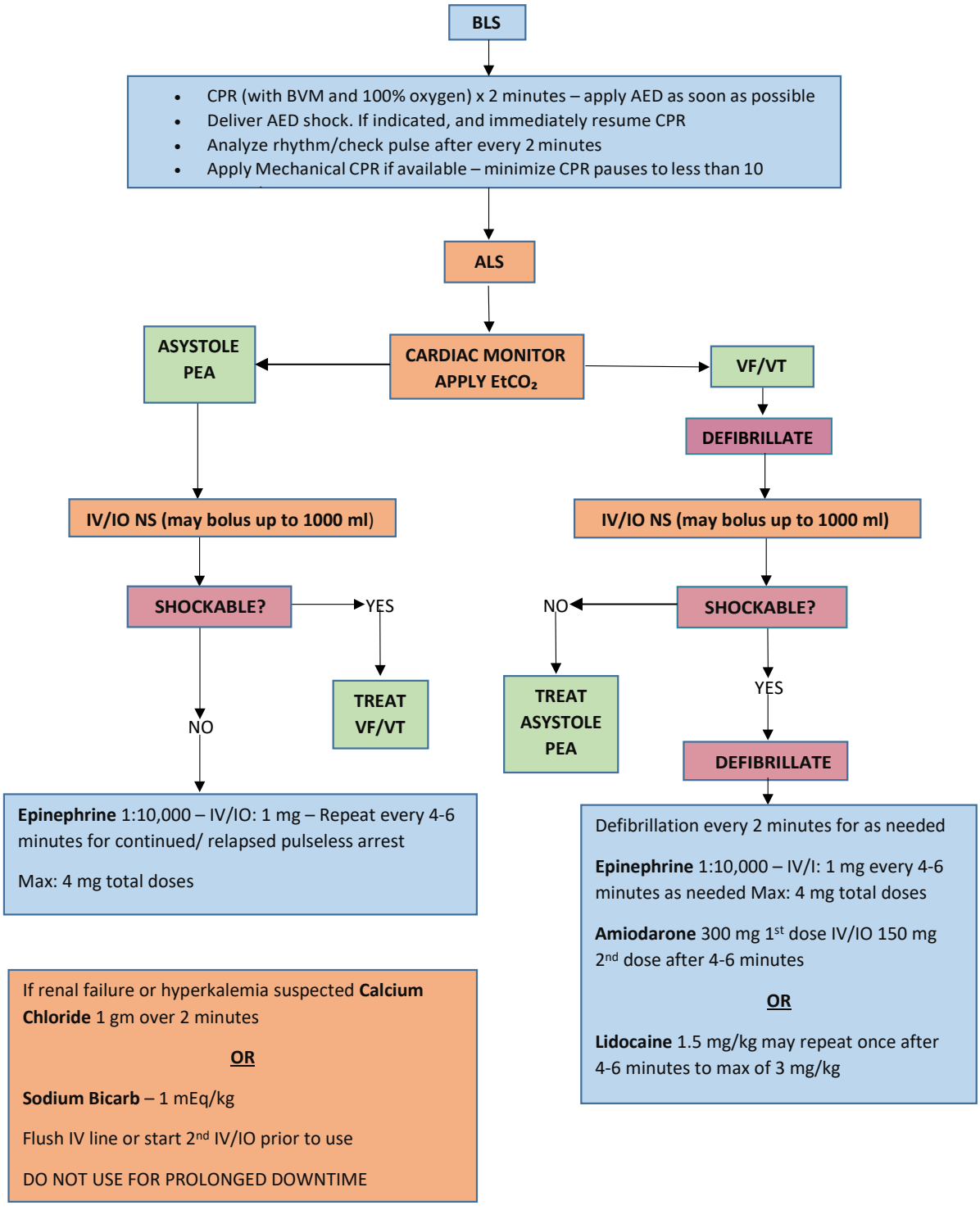
MERCED COUNTY EMS AGENCY

POLICY ADULT C1 CARDIAC ARREST

Effective Date: July 15,2022
Last Review: New Policy
Next Review: July 2024

Authority: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9



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MANUAL CHEST COMPRESSIONS	MECHANICAL CHEST COMPRESSION DEVICES
• Rate – 100-120 beats/minutes • Depth – at least 2 inches, allow full chest recoil • Rotate compressor every 2 minutes • Limit pause in CPR to < 10 seconds • Perform CPR during AED/defibrillator charging • Resume CPR immediately after shock	• Apply after at least two manual CPR cycles • Minimize CPR pause to < 10 seconds • Adult non-traumatic arrest (15 years and above) and not 3rd trimester pregnancy
DEBRILLATION AND GENERAL PATIENT MANAGEMENT	**AIRWAY MANAGEMENT**
• Analyze rhythm and check pulse every 2 minutes - pre-charge monitor 20 seconds before check • Biphasic manual defibrillation – start at 200 j equivalents, increase energy as needed • Minimize patient movement, as compressions are not effective with patient movement • If patient achieves ROSC, obtain 12-Lead ECG, let patient stabilize for 5 minutes – follow ROSC protocol • If ROSC patient was defibrillated at any time and systolic BP is 80 mmHg or greater, transport patient to STEMI Center • Patients with persistent V-Fib, consider change of pad placement or if mechanical CPR device applied transport to closest ED	• If using BLS airway, maintain good mask seal for accurate $EtCO_2$ reading – two (2) hand mask seal if adequate personnel on scene • Do not interrupt CPR to establish an advanced airway • All advanced airways need waveform $EtCO_2$ applied if available, if not use color metric $EtCO_2$
CONSIDER REVERSIBLE CAUSES	**TERMINATION OF RESUSCITATION**
• Hypovolemia • Hypoxia • Hydrogen Ion (acidosis) • Hypo-/hyperkalemia • Hypothermia • Tamponade, cardiac • Tension pneumothorax • Thrombosis, pulmonary • Thrombosis, cardiac • Toxins Contact Base Hospital if any questions	• Asystole or Paced Rhythm with $EtCO_2$ of 10 mmHg or less and no improvement of patient's condition - 10 minutes of ALS care • Asystole, PEA, or Paced Rhythm with $EtCO_2$ of 11 mmHg or greater and no improvement of patient's condition – 20 minutes of ALS care • V-Fib/pulseless V-tach or patients who received defibrillation from an AED – 30 minutes of ALS care must be performed • If only BLS providers on scene and 20 minutes of CPR have been performed with an AED attached and no shock advised or given, contact Base Hospital for termination