

# Cardiac

## C-01 Cardiac Arrest

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

### 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.

# Cardiac C-01 Cardiac Arrest

