UnityPoint Health
EMS System

Cardiac Arrest

Universal Patient Care Protocol

Legend
EMR
EMT
Intermediate
Paramedic
Medical Control

EMR / **EMT**

1. Initiate CPR if not already in progress and follow current AHA guidelines.
2. **Follow High Performance CPR model**.
3. If available apply AED and follow prompts.
4. Place a blind insertion airway device (BIAD). Once in place, ventilate with BVM, 15L of oxygen at 8- 10 breaths/ minute (one breath every 5-6 seconds or 10 compressions)
5. **Call for ILS/ALS Intercept early.** If an ILS/ALS intercept is available, continue to work the patient on scene until ROSC occurs or a cease efforts order is given. If no intercept is available and you can place an external cardiac compression device, prepare to transport the patient after two full rounds of CPR.
6. Check blood sugar and **Glucagon 1 mg IM** if glucose is < 60. (do not interrupt CPR to check glucose)
7. If patient has return of spontaneous circulation (ROSC), reassess patient's breathing, maintain and assist ventilations as necessary, then attempt vital signs. Go to ROSC Protocol.
8. If available, consider the use of waveform capnography to monitor for quality of chest compressions and ROSC (should have a reading of at least 15mmHg).

I / **P** / **MC**

1. Continue EMT care. If good CPR in Progress on arrival, analyze rhythm with minimal interruptions in compressions. **Defibrillate at 200J, 300J, 360J if indicated.**
2. Initiate IV/IO Normal Saline TKO (20 mL/hr). Give **Epinephrine 1:10,000 1 mg IV/IO, repeat every 3-5 minutes as indicated.**
3. Confirm and maintain blind insertion airway device (BIAD) if already inserted or intubate and also confirm with appropriate techniques (lung sounds, continuous waveform capnography).
4. Consider treatment of underlying etiology (i.e. PEA).
5. Prepare and activate smooth but rapid transport if patient regains ROSC. Otherwise, continue to work the patient on scene until ROSC occurs or a cease efforts order is given.
6. Contact Receiving Hospital as soon as possible and follow appropriate SMO/guideline based upon patient's heart rhythm. See ROSC Procedure if patient regains a pulse, but remains unconscious.
7. Obtain and transmit a 12-lead. If the patient regains a pulse and regains consciousness, treat signs and symptoms, i.e. nausea.
8. ALS only- Place OG Tube if time permits
9. ALS only- administer Sodium Bicarb 50-100 mEq IV for known TCA overdose only.
10. ALS only- administer Calcium Chloride IV/IO 1g over 2 min for known dialysis patient. Call Medical Control for further doses or questions.

NOTE: Be sure to treat the patient, not the monitor. Protocols for cardiac arrest and lethal rhythms presume that the patient remains pulseless, in cardiac arrest, and CPR is performed at all times according to AHA Guidelines for Healthcare Professionals.

ILS / ALS ONLY NOTE: If patient has history of renal disease or is known dialysis patient, do not give excessive fluids.