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).

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.