1. Determine unresponsiveness. Confirm that a transporting unit (and ALS intercept) has been activated.
2. Maintain patent airway and assess breathing. If breathing is absent or inadequate, give two (2) rescue breaths with a barrier device.
3. Check for pulse (10 seconds). If pulseless, **begin CPR at a rate of about 100 compressions per minute.** (Ratio: 12:2 for 2 rescuers, 30:2 for 1 rescuer. The patient should be ventilated at 20-30 breaths/min using **oxygen at 15 L/min via BVM.**
4. Apply an AED **after 2 minutes of CPR** to determine if defibrillation is needed.
   a) **If PEDIATRIC PADS are available** – apply as pictured on each of the AED electrodes with proper contact and without any overlap of the pads. If overlap of the pads occurs, use anterior (front) / posterior (back) placement with cervical spine precautions if neck/back injury is suspected.
   b) **If ADULT PADS only** – apply anterior (front) / posterior (back) with cervical spine precautions if neck/back injury is suspected (see diagram at the end of this protocol).
5. Continue CPR until the AED is attached and turned on. Stop CPR when the AED is analyzing:
   a) If the AED indicates “SHOCK ADVISED”, call out “CLEAR!” check for the safety of others, and push the SHOCK button (or stand clear if the AED device does not require shock activation).
   b) Immediately **resume CPR for 2 minutes**.
   c) Reassess the patient and allow the AED to analyze.
   d) If the AED indicates “SHOCK ADVISED”, call out “CLEAR!” check for the safety of others and push the SHOCK button (or stand clear if the AED device does not require shock activation).
   e) Check for a pulse if the AED states “NO SHOCK ADVISED”.
   f) **Continue CPR if pulse is absent.**
   g) **Reassess every 2 minutes.** Shock if indicated.
   h) If the patient regains a pulse at any time during resuscitation, then maintain the airway and assist ventilations.
   i) Re-analyze the patient’s rhythm with the AED if the patient returns to a pulseless state. Shock if indicated.
6. Immediately turn patient care over to the transporting provider or ALS intercept crew upon their arrival.
7. Complete all necessary cardiac arrest documentation.
1. Shocks delivered to the patient prior to the transporting unit arriving on scene should be taken into consideration during the transition of care. Transporting crews may want to utilize the AED used by the non-transporting First Responders if circumstances allow for exchange of equipment or personnel ride-along.

2. **Contact Medical Control** as soon as possible.

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**BLS Care**

1. Determine unresponsiveness.
2. Maintain patent airway and assess breathing. If the patient is not breathing, give two (2) rescue breaths with a barrier device.
3. Check for pulse (10 seconds). If pulseless, **begin CPR and continue for 2 minutes**.
4. Apply Quick-Combo pads (or Fast Patches).
5. Evaluate the rhythm.
6. If V-fib or pulseless V-tach, immediately **defibrillate at 2 J/kg**.
7. **Immediately resume CPR for 2 minutes**.
8. Evaluate the patient/rhythm and **defibrillate if needed at 4 J/kg**. **Continue CPR and re-evaluate patient/rhythm every 2 minutes**.
9. Obtain **peripheral IV/IO Normal Saline (0.9% NaCl)** KVO access.
10. Identify and treat cardiac disrhythmias according to appropriate protocol.
11. **Contact Medical Control** as soon as possible.

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**ILS Care**

**ALS Care**