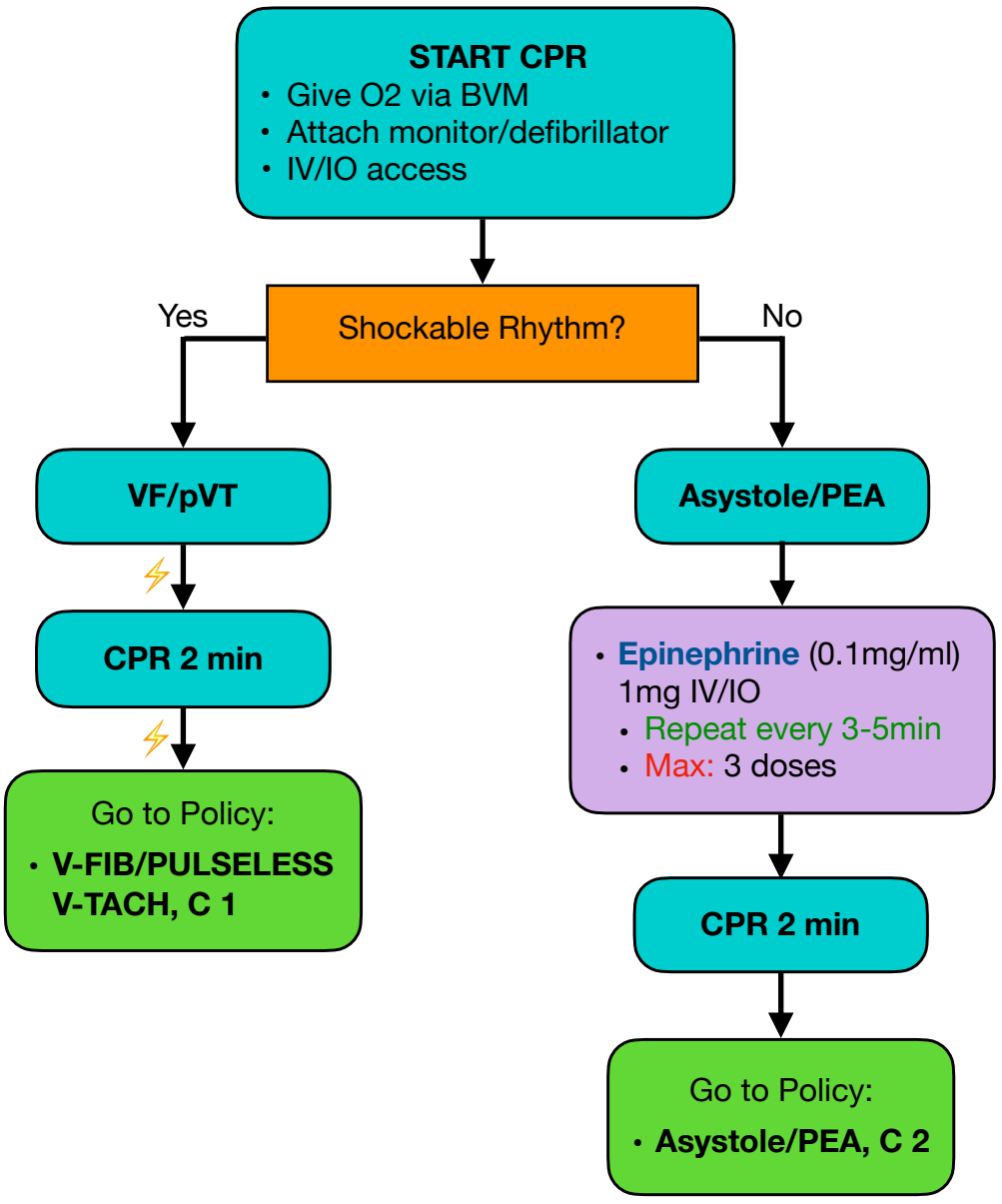


ADULT CARDIAC ARREST



CRITICAL INFORMATION

- Witnessed vs Unwitnessed
- Consider pre-cordial thump if witnessed and defibrillator not immediately available
- Compress at 100-120/min, 2” depth with full recoil of chest
- Use metronome or similar device
- Mechanical CPR is mandatory during transportation
- Change compressors every 2 minutes
- Minimize interruptions
- Defibrillate at 200J, 300J, 360J, or at manufacturer’s recommendation
- Do not stop compressions while defibrillator is charging
- Resume compressions immediately after shock

BLS Airway Management

- BLS airway preferred during first 5 minutes
- Use two-person BLS airway management whenever possible
- Avoid excessive ventilation
- 30:2 compression/ventilation ratio

ALS Airway Management

- King Airway/iGel/Video laryngoscopy (VL)
- Laryngoscopy for ETT must occur with CPR in progress. Do not interrupt CPR for >10 seconds for tube placement
- Use continuous ETCO2 to monitor CPR effectiveness and advanced airway placement
- Maintain SpO2 94-99%
- 1 breath every 6 seconds

SPECIAL CONSIDERATIONS

- Transportation is warranted in the following situations: unsafe scene conditions, unstable airway, hypothermia/hyperthermia as primary cause of arrest
- Consider transport of any patient pulled from a fire who does not meet BLS Determination of Death or received Cyanokit
- To assure ROSC continues, remain on scene for 5-10 minutes and then transport to a STEMI Receiving Center