

Nor-Cal EMS Policy & Procedure Manual

Treatment Guidelines

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**Compression tips:
Utilize CPR feedback device**

Maintain compression depth 2-2.5 inches
rate of 100-120
Allow for complete recoil
Change compressors every 2 minutes or 200 compressions
Deliver compressions during charging of AED / Defibrillator

Assess ABC's
Check for DNR/signs of death
Obtain History as appropriate

Rescuer #1
Move patient to workable area
Open airway
Begin compression only CPR
Alternate with Rescuer #2

Is the cause of arrest airway obstruction or drowning?

Securing the airway and oxygenation becomes of high importance in these causes of arrest

Is the cause of arrest Hypothermia?
See 'Hypothermia 1404'

Rescuer #2

Remove clothing- Attach AED/Defib Pads
Start Metronome
Insert OPA, start High flow o2 via non-rebreather mask

Rescuer #3 is BLS

Begin 2 person BVM @ 1 Breath every 10 compressions (Upstroke of compression)
Compression coach
2 Minute cycle timer
Defibrillation with AED
Insert Supraglottic airway (iGel)

3rd Rescuer arrives

Rescuer #3 is ALS

Begin 2 person BVM @ 1 Breath every 10 compressions (Upstroke of compression)
Attach ETCO₂
Compression coach
2 Minute cycle timer
Attach cardiac monitor
Defibrillation as needed
IV/IO Access
Administer Medications
Insert Supraglottic airway (iGel)

Rescuer #4 and subsequent

Take direction from team leader
IV/IO access (Paramedic / AEMT)
Insert Supraglottic airway (iGel)
Consider Endotracheal intubation (Paramedic)
Gather Information and medications

Obtain 12 lead ECG
stabilize patient for 5-10 minutes
and see ROSC Guideline (1103)

End Tidal Co₂ monitoring

Waveform ETCO₂ if available should be used throughout
Sudden increase in ETCO₂ is indicative of ROSC
Low ETCO₂ is suggests ROSC is unlikely

Transport

Transport with CPR in progress requires physician contact.
- If Hypothermic (See 1404)
Following 20 minutes of efforts without ROSC consider Determination of Death protocol