CAR

DIAC ARREST

POLICY NO: 9112

EFFECTIVE DATE: 03-15-12

APPROVED: Bryan Cleaver Dr. Mark Luoto
EMS Administrator EMS Medical Director

AUTHORITY: California Health and Safety Code, Division 2.5 EMS, Sections 1797.220 & 1797.221

9112.1 INDICATIONS
a. To provide effective, quality cardiopulmonary resuscitation

9112.2 PROCEDURE
a. If unwitnessed arrest complete 5 cycles (2 minutes) of CPR, then attach defibrillator. If witnessed with bystander CPR, immediately attach defibrillator.

b. Compressions
   1. Begin compressions at a rate of at least 100 per minute.
   2. Compress chest at least 2 inches and allow for full recoil of chest (lift heel of hand).
   3. Change compressors every 2 minutes.
   4. Minimize interruptions in compressions. If necessary to interrupt, limit to 5 seconds or less.
   5. Do not stop compressions while defibrillator is charging.
   6. Resume compressions immediately after any shock.
   7. Mechanical CPR devices (Auto Pulse and LUCAS) are approved for use in Coastal Valleys EMS Region.

c. Monitor/Defibrillator
   1. Priority of second rescuer is to apply pads while compressions are in progress.
   2. Determine rhythm and shock if indicated.
   3. Follow specific treatment guideline based on rhythm.

d. Basic airway management
   1. Open airway and provide 2 breaths after every 30 compressions.
   2. Ventilations should be about one second each, enough to cause visible chest rise. Avoid excessive ventilation.
   3. Use two-person BLS Airway management (one holding mask and one squeezing bag) whenever possible.
e. IV/IO Access
   1. Establish IV/IO.

f. Advanced Airway Management
   1. Placement of advanced airway is not a priority during the first 5 minutes of resuscitation unless no ventilation is occurring with basic maneuvers.
   2. King Airway is the preferred device if an advanced airway is required. During the first 5 minutes of resuscitation BLS airway management is preferred.
   3. Laryngoscopy for endotrachael tube placement must occur with CPR in progress and compressions should be halted only for advancement of tube through the cords.
   4. Advanced airway placement should not interrupt compressions for a period of more than 10 seconds.
   5. AVOID EXCESSIVE VENTILATION – provide no more than 8-10 ventilations per minute.
   6. Continuous monitoring of End-Tidal CO2 with waveform capnography is approved for patients with advanced airway device in place.

g. Post Arrest Care
   1. If ROSC (Return of Spontaneous Circulation) after V-fib or V-tach arrest (including AED conversion), and within 30 minutes via ground ambulance to a SRC (STEMI Receiving Center), transport expeditiously to the SRC.