

	Department Name Address	ALS	Paramedic
		Revision #	
		Implementation Date	
Protocol	2.1.8 Cardiac Arrest	Last Reviewed/Update Date	
Author / Owner		Medical Director	

The goal in the cardiac arrest patient is: rapid assessment, rapid intervention by establishing an adequate airway, ongoing CPR, intravenous access, determination of cardiac rhythm, and electrical and drug therapy based on the electrical rhythm. Transport should be started as soon as practical. Treatment needs to be ongoing during all phases of transport. CPR and ventilation may need to be stopped to facilitate some phases of patient transport. These interruptions should be minimized as much as possible by evaluating all phases of patient extrication and transport prior to carrying out the individual steps. Early notification of the receiving emergency department and medical control is necessary. Although individual treatments are listed individually in practical application, many steps are carried out simultaneously when they can be.

1. Baseline care standards.
2. Establish that the patient is pulseless and breathless. Begin CPR.
3. If cardiac arrest was unwitnessed or EMS arrival to the patient is estimated to be more than 5 minutes since the patient went into arrest, complete 2 minutes of CPR prior to defibrillation.
 - During initial administration of CPR, the cardiac monitor should be attached to the patient.
4. If cardiac arrest was witnessed and EMS arrival to the patient is estimated to be less than 5 minutes since the patient went into arrest, confirm electrical rhythm with quick look and treat with appropriate protocol. Apply cardiac monitor when able.
5. After the first and all subsequent defibrillations, immediately begin CPR for 2 minutes.
 - CPR should not be delayed for rhythm or pulse checks unless signs of circulation have returned.
6. Manage airway per protocol.
7. Establish IV access with Normal Saline TKO. Consider use of external jugular if other peripheral line cannot be established. May consider adult I/O.

8. If IV / IO access is delayed, administer drugs by ETT if appropriate.
9. Early contact to the receiving Emergency Department and Medical control.
10. Proceed with protocol based on cardiac rhythm.

Medical Director's Signature

Date

Disclaimer:

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