

Cardiac Arrest #1

EMT

1. Initiate CPR until AED arrives unless valid DNR or signs incompatible with life are present; refer to Termination of Resuscitation protocol, **Red 14**
2. Attach AED as soon as available with minimal interruptions in chest compressions and follow AED prompts
3. Place oral and/or nasal airway(s)
4. High-flow O₂ with BVM ventilation at a ratio of 30:2 or 1 breath every 10 chest compressions during recoil and without interrupting compressions
5. Request ALS
6. Continue 2-minute cycles of chest compressions and AED checks
7. If ROSC occurs, refer to Adult Post-Resuscitation Care protocol, **Red 16**
8. Consider termination of resuscitation; refer to **Red 14**

ADVANCED EMT

9. Establish **IV/IO** without interrupting chest compressions
10. Manage the airway per **Blue 3**. Avoid respiratory rate greater than 10/minute in cardiac arrest
11. Defibrillate as indicated

PARAMEDIC

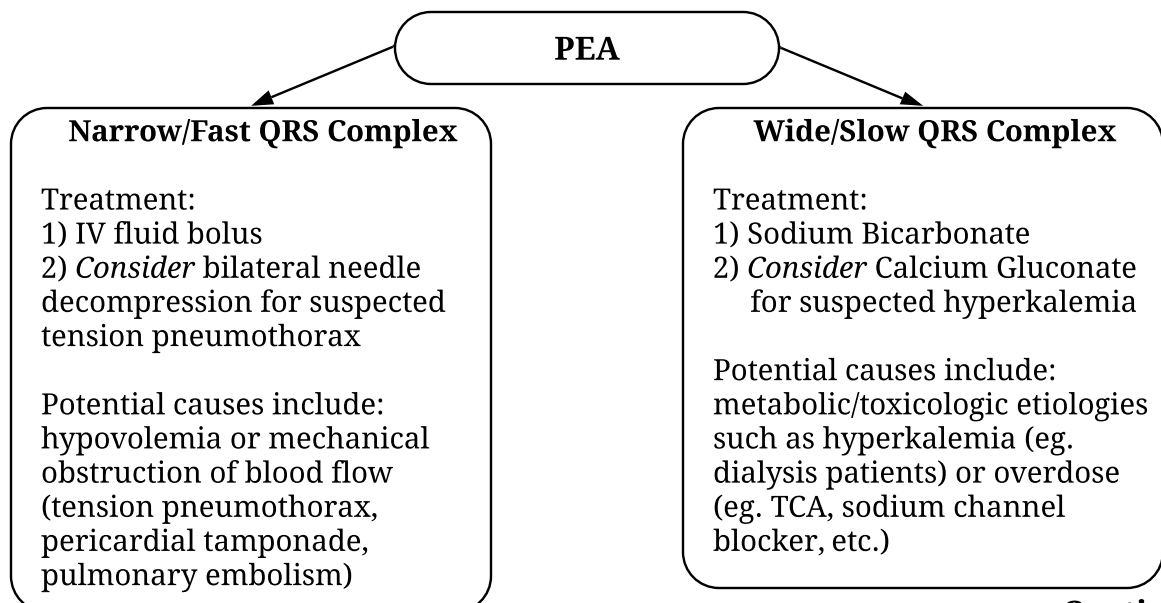
12. One medication intervention at each 2-minute reassessment per ACLS protocol
13. EPINEPHrine 1 mg of 1 mg/10 mL **IV/IO** push (within 30 seconds) every 3-5 minutes

NOTE: For **Pediatric** Medication doses, see **Red 12**

- a. VF/VT: amiodarone 300 mg **IV/IO**; may consider additional 150 mg **IV/IO** one time
- b. Torsades: 2 grams of magnesium sulfate **IV/IO**
- c. For refractory VF/VT (total of 3 shocks, dose of EPINEPHrine and amiodarone), refer to Refractory VF/VT protocol, **Red 13**
- d. For PEA, in addition to standard therapies, consider treatment based on QRS complex width and rate: narrow/fast vs wide/slow



P



Continued