

General Cardiac Arrest Care (Non-Traumatic) (Adult)

CFR AND ALL PROVIDER LEVELS

1. Begin CPR as per AHA guidelines.
2. If patient is under **9 years of age**, see the Non-Traumatic Cardiac Arrest and Severe Bradycardia (Pediatric) protocol.
3. Apply an Automated External Defibrillator (AED), if available, with minimal disruption of CPR, until the AED is turned on.
4. Once an AED is applied, immediately turn the machine “On”.
5. Analyze (do not perform CPR while the machine is analyzing).
6. Whenever the “NO SHOCK INDICATED” message appears, CPR should be performed for 2 minutes followed by AED voice prompts.
7. Until transport arrives, continue CPR, re-analyze every 2 minutes and shock as indicated.

● CFR STOP

EMT

8. Request ALS assistance.
9. Transportation procedures should begin, after a total of three (3) cycles of CPR and AED analysis.

● EMT STOP

Paramedic

10. Begin cardiac monitoring.
11. If an AED is in place, transition from AED to ALS monitor at the end of an AED analysis.
12. Analyze the cardiac rhythm, and commence with appropriate subprotocol for dysrhythmia management below:
 - a. Ventricular Fibrillation / Pulseless Ventricular Tachycardia (Adult)
 - b. Pulseless Electrical Activity (PEA) / Asystole (Adult)

NOTE: In the event that the initial EKG rhythm changes, refer to the appropriate cardiac arrest sub-protocol. Complete Standing Orders without repetition of previously administered drugs and contact Online Medical Control for further orders.

● Paramedic STOP

Key Points / Considerations

1. Minimize interruption in compressions for placement of a mechanical CPR device.
2. Do not delay beginning compressions to begin ventilations.
3. Do not delay ventilations to connect supplemental oxygen.
4. Adequate ventilation may require disabling the pop-off valve if the bag-valve mask unit is so equipped.
5. AED should be placed as soon as possible without interrupting compressions to do so.
6. Special considerations when applying pads:
 - a. If a patient has a medication patch, it should be removed (use appropriate PPE).
 - b. Prior to pad placement, the chest should be dry, and if needed, shave chest hair.
 - c. Attach external chest pads.
 - d. If the patient has a pacemaker, position the pads at least 1 inch away from the pacemaker device.

7. Artifact from vibrations in a moving ambulance may compromise the effectiveness of the AED.