

CENTRAL CALIFORNIA EMERGENCY MEDICAL SERVICES

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 530.03
Subject	Paramedic Treatment Protocols CARDIAC ARREST - MEDICAL	Page 1 of 2
References	Title 22, Division 9, Chapter 4 of the California Code of Regulations	Effective Fresno County: 01/15/82 Kings County: 04/10/89 Madera County: 06/15/85 Tulare County: 04/19/05

STANDING ORDERS	
1. Assessment	Airway, breathing, circulation. CPR if appropriate – refer to EMS Policy #549 – Initiation/Termination of CPR in the Medical Patient.
2. Identify Rhythm	Refer to appropriate dysrhythmia protocol.
3. Contact Hospital	If uncertainty as to rhythm interpretation and/or Base Hospital assistance is needed.
4. Return Of Spontaneous Circulation	12-lead ECG per EMS Policy #530.02 and #547 - if time allows. Do <u>not</u> delay transport or further therapy.

SPECIAL CONSIDERATIONS AND PRIORITIES

1. Assessment – Airway, breathing, circulation, check pupils prior to drug therapy.
2. Determine if rescue efforts are appropriate. Refer to EMS Policy #549 – Initiation/Termination of CPR in the Medical Patient.
3. Management of medical cardiac arrest patients has the goal of initially stabilizing the patient at the scene prior to transport, if possible. Cardiac arrest victims will be transported lights/siren to the appropriate hospital. Non-lights/siren transport may be ordered when the risks of lights/siren outweigh the benefit to the patient.
4. Evaluate the adequacy of CPR:
 - a. Inadequate ventilation – Does the upper chest rise with inflation, and are there good breath sounds? If not, reassess placement and, if necessary, reposition advanced airway and check pilot balloon.
 - b. No carotid/femoral pulse with CPR – Consider poor CPR technique, hypovolemia, tension pneumothorax or pericardial tamponade.
5. If CPR continues to be inadequate, transport immediately.

Approved By	Signatures on File at EMS Agency	Revision
EMS Division Manager		04/19/2005
EMS Medical Director	Signatures on File at EMS Agency	

Subject Paramedic Treatment Protocols – Cardiac Arrest - Medical	Policy Number 530.03
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6. History from bystanders:
 - a. Chest pain before the arrest?
 - b. GI bleeding or other acute blood loss?
 - c. Medications and allergies?
 - d. Depression or history of drug use or ingestion?
 - e. Downtime before CPR?
 - f. Duration of CPR? By whom? Training?

NOTE: It is very difficult to conduct a resuscitation attempt and take a history from bystanders at the same time. (Individualize and weigh the benefits.)

7. Near drowning – People submerged for extended period of time in cold water may be salvageable. Resuscitate anyone submerged less than one hour in cold water, or when length of submersion is unknown.
8. Hypothermia – These patients often look dead, but may be salvageable. The monitor frequently shows a slow atrial fibrillation or sinus bradycardia. Contact the Base Hospital as soon as possible. In the presence of isolated hypothermia, CPR is indicated for situations without an organized EKG rhythm (e.g., V-fib, and asystole). Contact the Base Hospital regarding CPR on isolated hypothermia patients in PEA. Resuscitate until rewarming has been implemented in the emergency department.
9. Resuscitate all cold water victims (water temperature less than 70°F) with less than one hour submersion.
10. Resuscitate all warm water victims (water temperature greater than 70°F) submerged less than 30 minutes.

NOTE: All lakes, canals, ponding basins, and rivers should be considered as cold water.

11. Drug use (e.g., for behavioral emergencies) and medical conditions (e.g., diabetes) which effect metabolism may cause hypothermia even when outside temperatures may be temperate.
12. Electrical injuries that result in cardiac arrest should be treated aggressively with respiratory support, Base contact, and ACLS per protocols.

Alternating current (AC) frequently results in ventricular fibrillation.

Direct current (DC) frequently results in asystole.

Both have a relatively high rate of spontaneous return to sinus rhythm with ventilatory support.
13. Whenever return of spontaneous circulation occurs in the cardiac arrest patient, application of 12-lead ECG should be considered.