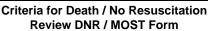


# Team Focused CPR (Optional)



NO

## YES

#### **AT ANY TIME**

Return of Spontaneous Circulation



Go to
Post Resuscitation
Protocol AC 10

Begin Continuous CPR Compressions
Push Hard (≥ 2 inches)
Push Fast (100 - 120 / min)
Change Compressors every 2 minutes
(sooner if fatigued)
(Limit changes / pulse checks ≤ 10 seconds)

Ventilate 1 breath every 6 seconds 30:2 Compression:Ventilation if no Advanced Airway *Monitor EtCO2 if available* 

#### First Arriving BLS / ALS Responder

**Initiate Compressions Only CPR** 

Initiate Defibrillation Automated Procedure *if available* 

Call for additional resources

## Second Arriving BLS / ALS Responder

Assume Compressions or Initiate Defibrillation Automated / Manual Procedure Place BIAD

DO NOT Interrupt Compressions Ventilate at 6 to 8 breaths per minute

Α

P

Decomposition
Rigor mortis
Dependent lividity
Blunt force trauma
Injury incompatible with
life
Extended downtime with
asystole

Do not begin resuscitation

Follow Deceased Subjects Policy



## Establish Team Leader

(Hierarchy)

Fire Department or Squad Officer EMT

First Arriving Responder

#### **Rotate with Compressor**

To prevent Fatigue and effect high quality compressions

Take direction from Team Leader

#### Fourth / Subsequent Arriving Responders

Take direction from Team Leader

Continue Cardiac Arrest Protocol AC 3

#### **Establish Team Leader**

(Hierarchy)

EMS ALS Personnel Fire Department or Squad Officer EMT

First Arriving Responder

Initiate Defibrillation Automated Procedure Establish IV / IO Protocol UP 6 Administer Appropriate Medications Establish Airway with BIAD if not in place

Initiate Defibrillation Manual Procedure Continuous Cardiac Monitoring Establish IV / IO Protocol UP 6 Administer Appropriate Medications Establish Airway with BIAD if not in place

**Continue Cardiac Arrest Protocol AC 3** 

### **Team Leader**

ALS Personnel
Responsible for patient care
Responsible for briefing / counseling family

#### **Incident Commander**

Fire Department / First Responder Officer
Team Leader until ALS arrival
Manages Scene / Bystanders
Ensures high-quality compressions
Ensures frequent compressor change
Responsible for briefing family prior to ALS arrival

#### **Pearls**

- This protocol is optional and given only as an example. Agencies may and are encouraged to develop their own.
- Team Focused Approach / Pit-Crew Approach recommended; assigning responders to predetermined tasks. Refer to optional protocol or development of local agency protocol.
- Efforts should be directed at high quality and continuous compressions with limited interruptions and early defibrillation when indicated.
- DO NOT HYPERVENTILATE: If no advanced airway (BIAD, ETT), compression to ventilation ratio is 30:2. If advanced airway in place, ventilate 10 breaths per minute with continuous, uninterrupted compressions.
- Do not interrupt compressions to place endotracheal tube. Consider BIAD first to limit interruptions.
- Passive oxygenation optional in agencies practicing Team Focused Approach / Pit-Crew Approach.
- Reassess and document BIAD and / or endotracheal tube placement and EtCO2 frequently, after every move, and at transfer of care.
- IV / IO access and drug delivery are secondary to high-quality chest compressions and early defibrillation.
- IV access is preferred route. Follow IV or IO Access Protocol UP 6.
- <u>Defibrillation:</u> Follow manufacture's recommendations concerning defibrillation / cardioversion energy when specified.
  - Charge defibrillator during chest compressions, near the end of 2-minute cycle, to decrease peri-shock pause.
  - Following defibrillation, provider should immediately restart chest compressions with no pulse check until end of next cycle.
- Success is based on proper planning and execution. Procedures require space and patient access. Make room to work.
- Discussion with Medical Control can be a valuable tool in developing a differential diagnosis and identifying possible treatment
  options.