

OPERATIONS: BLS/ALS TREATMENT PROTOCOLS

DATE: Rev. 4/16/12

SUBJECT: **CARDIAC ARREST (non-traumatic)**

POLICY NUMBER: 9160

<u>BLS</u>	<u>ALS</u>
<p>Perform CPR, rate of at least 100 compressions per minute without interruption (compressions/ventilations 30:2 without interruption)</p> <p>Ensure patent airway, monitor O₂ saturation, give oxygen and/or ventilate via BVM prn</p> <p>Remove dermal NTG</p> <p>SO AED (defibrillate in accordance with Policy #7210)</p> <p>SO Insert Perilaryngeal Airway, after 3 rounds of 2 min. CPR*</p> <p>*Perilaryngeal Airway may only be utilized by authorized EMT-I, or Advanced EMT, who have EMT-I Optional Skill Accreditation.</p> <p>If hypovolemia suspected: Immediate transport.</p> <p>If applicable refer to: Determination of Death in the Field Policy # 4140 Do Not Resuscitate Policy # 4150</p>	<p>Monitor ECG/Monitor O₂ saturation prn.</p> <p>SO Perform defibrillation if indicated (in accordance with Policy #7200)</p> <p>SO Insert ETT/Perilaryngeal Airway Monitor ETCO₂ (35-45 mmhg)</p> <p>SO Establish IV TKO Refer to specific dysrhythmia protocol</p> <p>If hypovolemia suspected: Immediate transport</p> <p>SO Establish IV enroute run wide open to max 2 liters</p> <p><u>PEDIATRIC NOTE:</u> Refer to Pediatric Drug Guide</p> <p>If hypovolemia suspected: SO Normal Saline 20 mL/kg initial bolus via Volutrol rapid IV drip; may repeat per BH</p>

APPROVAL:



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