

**San Joaquin County
Emergency Medical Services Agency**



BLS Cardiac Arrest

AUTHORITY: Division 2.5, Health and Safety Code, Sections 1797.220 & 1798 et seq.

PURPOSE: [The purpose of this policy is to provide direction for BLS providers for resuscitation of patients in cardiopulmonary arrest.]

DEFINITIONS:

- A. [“MICR” means minimally interrupted cardiac resuscitation that focuses upon maintaining high quality chest compressions with both depth and rate.
- B. “Passive Oxygen Insufflation” (POI) is the method of providing oxygen to a patient during the first eight (8) minutes of resuscitation with an oral pharyngeal airway (OPA), high flow oxygen via non-rebreather mask, and no ventilations.
- C. “Pit Crew” means the configuration of EMS responders and their defined roles to resuscitate a patient in cardiopulmonary arrest.]

POLICY:

- I. Medical Cardiac Arrest for Patients \geq eight (8) years old.
 - A. Information Needed
 - 1. Estimated down time
 - 2. Circumstances surrounding arrest
 - 3. Onset (witnessed or un-witnessed)
 - 4. Preceding symptoms
 - 5. Bystander CPR
 - 6. Duration of CPR
 - 7. Medications
 - 8. Environmental factors (hypothermia, inhalation, asphyxiation)
 - B. Contraindications for use of MICR include:
 - 1. Traumatic arrest
 - 2. Pediatric arrest
 - 3. Drowning
 - 4. Patients with Ventricular Assistive Devices
 - C. Treatment
 - 1. Conduct resuscitation using MICR for eight (8) minutes with the goal of preserving cerebral function through meticulous attention to procedure in the following rank order:
 - a. Provide high quality chest compressions at a rate of 100/min with minimal interruptions.
 - b. Apply ECG or AED for analysis and defibrillation.

Effective: **Draft 8-12-13**
Supersedes:

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- c. Follow AED prompts
 - d. Initiate POI.
 - i. Insert OPA or NPA followed by 100% Oxygen via non-rebreather mask.
 - e. Alternate provision of compressions between Pit Crew team members every 200 compressions.
2. If no return of spontaneous circulation (ROSC) following eight (8) minutes of MICR, transition resuscitative efforts to provide ventilations. If an ALS airway is provided, give ventilations at 8-10 per minute. **DO NOT HYPERVENTILATE.** If an ALS airway is not available give compressions in a ratio to ventilations at 30:2.
 3. For return of spontaneous circulation continue to monitor patient and assist respirations only as needed, and prepare for transport.

II. Traumatic Cardiac Arrest:

A. Information Needed

1. Patient down time
2. Prior treatments
3. Whether blunt or penetrating mechanism of injury

B. Findings

1. Unconscious with ineffective or absent respirations
2. Absence of pulse
3. Signs of trauma or blood loss
4. Air and skin temperature
5. If signs of obvious death refer to EMS Policy No. 5103 Determination of Death.

C. Treatment

1. Initiate chest compressions at a rate of 100/min.
2. Insert OPA or NPA followed by 100% Oxygen via bag valve mask and give compressions to ventilations in a ratio to at 30:2 at a rate of 100 compressions per minute. Do not hyperventilate.
3. Apply AED and defibrillate patient following AED prompts between cycles every two minutes.

III. EMS Policy No. 5582 BLS Traumatic Cardiac Arrest is hereby rescinded.

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