

ALS Cardiac Arrest

- Pit crew pos. ID'd
- Code Com. At Monitor
- Continuous Compressions
- O₂ flowing and attached to BVM
- ITD in place, Light on
- EtCO₂ waveform present
- Monitor in Paddles Mode
- IV/IO Access
- Consider Gastric Distension
- Family Receiving Care & at pt side
- Consider Reversible Causes (See Reverse)
- BVM mask on O₂ tubing if not in use

Reversible Causes

- Hypovolemia
- Hypoxia
- Hydrogen Ions (acidosis)
- Hypothermia
- Hyper/hypokalemia
- Hypoglycemia
- Tablets/Toxins
- Tamponade
- Tension Pneumo
- Thrombosis (MI)
- Thrombosis (PE)
- Trauma

Post Resuscitation

- ITD Removed
- Controlled Ventilation <12 bpm
- O₂ titrated 95-99%
- Fluids/Dopamine as needed to MAP > 90
- Consider induced hypothermia (see reverse)
- 12-lead EKG
- Adequate personnel for transport?

Call Resuscitation / STEMI Alert on radio if needed

- Confirm airway with each move

Hypothermia

- Meets Hypothermia Criteria
 - ≥ 12 years old
 - Non-traumatic cause
 - No suspected hemorrhagic cause
 - Temp > 34C (93.2F)
 - Doesn't follow commands
- Cold Saline infusion 30 ml/kg max 2L
- Ice packs to neck, axilla, groin
- Versed/Vecuronium if not hypotensive
 - Versed: 5 mg
 - Vec: 0.1mg/kg max 10mg

Medical Pronouncement

- Pt \geq 18 yoa or family agreeable (consult commander/DMO)
- Adequate CPR
- ET, KingLT, or Cric Present
- IV/IO Access Present
- Appropriate meds/therapy administered for rhythm
- $>$ 20 min Asystole/Agonal rhythm
- No reversible causes
- No ROSC at any time
- No recurring/persistent V-fib
- No suspected hypothermia
- All providers agree with decision to terminate

ALL criteria above must be met—otherwise contact System MD for termination

Trauma Pronouncement

- Obvious injuries incompatible with life
- Pt is pulseless/apneic on arrival of first provider **AND**
- No resp. effort after basic airway maneuvers **AND**
- Lacks organized electrical activity on ECG w/ rate $>$ 40
- Medical cause of arrest has been considered

Chest Pain Checklist

- ASA chewed by pt?
- Pt meet Rapid 12-lead Criteria?
- Radio Declaration, if STEMI:
 - Symptomatic and;
 - \geq 1 mm ST-elevation in 2 contiguous leads, and
 - No STEMI Alert exclusions

Move to Unit and Begin Txprt

See Reverse of Card

Enroute:

- Maintain SpO₂ 95-99%
- Manage Pain (NTG/Narcs)
 - Allergy/ED med use?
- Contact Receiving Hospital
- IV access if time permits

Exclusions for STEMI Alert

- LBBB
- LVH (S in V1 + R in V5 or V6) \geq 35
- Isolated V1 – V2 elevation only
- Early Repolarization
- Diffuse ST Elevation
- Ventricular / Ventricular Paced

Rapid 12-lead Criteria

Any Patient \geq 20 yrs with:

- Pain between navel and jaw
- Pressure, discomfort, tightness, or heartburn
- Heart racing, palpitations, or heart “too slow”
- Syncope
- Severe Weakness if > 45 yrs
- Difficulty Breathing (no obvious respiratory cause)
- Suspected OD

OR pt of any age with any of above symptoms AND history (cardiac, diabetes, obese, fam. Hx early CHD, Recent Cocaine use)