



Pulseless Arrest

Approval: Troy M. Falck, MD – Medical Director

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Approval: Victoria Pinette – Executive Director

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Manual Chest Compressions

- Rate: 100 – 120/minute
- Depth: 2 inches - allow full chest recoil
- Minimize interruptions
- Rotate compressors every 2 minutes
- Perform CPR during AED/defibrillator charging
- Resume CPR immediately after shock

Mechanical Chest Compression Devices

- Indications: 1) Adult pts, 2) Non-traumatic cardiac arrest
- Contraindications: 1) Pts who do not fit in the device, 2) Known or clinically apparent third trimester pregnancy
- Apply following completion of at least one 2 minute manual CPR cycle, or at the end of a subsequent cycle. Apply with minimal interruption to chest compressions

Waveform Capnography

- Waveform capnography, if available, shall be used on all patients with an advanced airway in place
- Persistently low PETCO₂ levels < 10 mm HG suggest ROSC is unlikely – ensure chest compressions are adequate or consider termination of resuscitation efforts
- An abrupt increase in PETCO₂ is indicative of ROSC

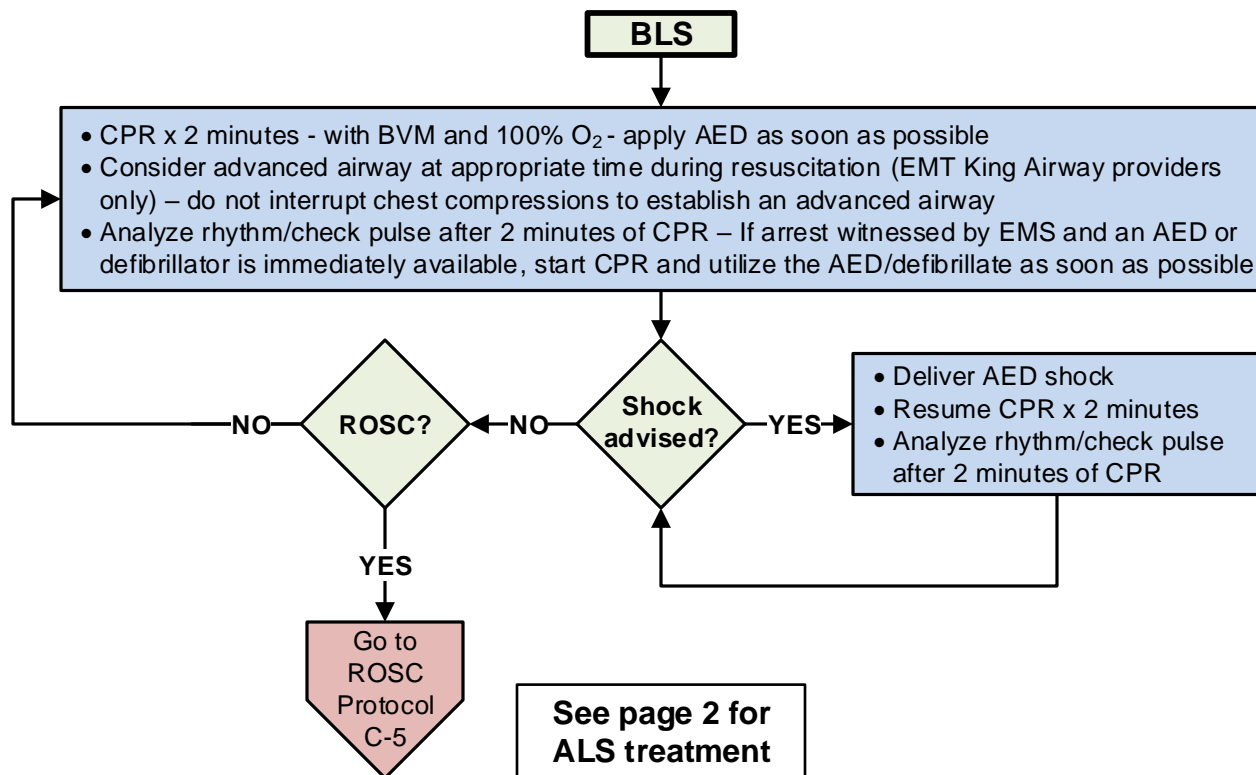
Treatment on Scene

- Movement of a patient may interrupt CPR or prevent adequate depth and rate of compressions
- Consider resuscitative efforts on scene up to 30 minutes to maximize chances of ROSC
- If resuscitation attempts do not obtain ROSC, consider termination of resuscitation efforts

Termination of Resuscitation Criteria – Base/Modified Base Hospital Physician Order*

- BLS termination of resuscitation criteria (all criteria must be present):
 - (1) Arrest not witnessed by EMS, (2) No AED shocks delivered, (3) No ROSC after 3 rounds of CPR & AED analysis
- ALS Termination of Resuscitation Criteria (all criteria must be present):
 - (1) Arrest not witnessed by EMS, (2) No effective bystander CPR was provided or effective CPR cannot be maintained, (3) No ROSC after full ALS care in the prehospital setting

*In the event of communication failure, prehospital personnel may terminate resuscitative efforts without a base/modified base hospital physician order for patient’s who meet the ALS termination of resuscitation criteria.





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Reversible Causes (Contact base/modified base hospital for additional treatment consultation if necessary)

- Hypovolemia
- Hypoxia
- Hydrogen Ion (Acidosis)
- Hypo-/hyperkalemia
- Hypothermia
- Tamponade, cardiac
- Tension pneumo.
- Thrombosis, pulmonary
- Thrombosis, cardiac
- Toxins

***Biphasic Manual Defibrillation Detail**

- Manufacturer recommendation (if unknown - 200 J). Subsequent doses should be at equivalent or higher

