



Non-Traumatic Pulseless Arrest

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Approval: John Poland – Executive Director

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MANUAL CHEST COMPRESSIONS

MECHANICAL CHEST COMPRESSION DEVICES

- Rate: 100-120/min
- Depth: 2 inches – allow full chest recoil
- Minimize interruptions (≤10 secs)
- Rotate compressors every 2 mins
- Perform CPR during AED/defibrillator charging
- Resume CPR immediately after shock

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| <p>Indications</p> <ul style="list-style-type: none"> • Adult pt (≥15 yo) <p>① Use in accordance with manufacturer indications/contraindications</p> <p>① Apply following completion of at least one manual CPR cycle, or at the end of a subsequent cycle</p> | <p>Contraindications</p> <ul style="list-style-type: none"> • Pt does not fit in the device • 3rd trimester pregnancy |
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DEFIBRILLATION & GENERAL PT MANAGEMENT

ADVANCED AIRWAY MANAGEMENT

- Analyze rhythm/check pulse after every 2 min CPR cycle
- Biphasic manual defibrillation detail:
 - Follow manufacturer recommendations
 - If unknown, start at 200 J (subsequent doses should be equivalent or higher)
- Movement of pt may interrupt CPR or prevent adequate depth and rate of compressions
- Consider resuscitation on scene up to 20 mins
- Go to ROSC protocol (C-2) if ROSC is obtained

- Consider/establish advanced airway at appropriate time during resuscitation
- Do not interrupt chest compressions to establish an advanced airway
- Waveform capnography (if available) shall be used on all pts with an advanced airway in place
 - An abrupt increase in PETCO₂ is indicative of ROSC
 - Persistently low PETCO₂ levels (<10 mmHG) suggest ROSC is unlikely

TREAT REVERSIBLE CAUSES

TERMINATION OF RESUSCITATION

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| <ul style="list-style-type: none"> • Hypovolemia • Hypoxia • Hydrogen Ion (acidosis) • Hypo-/hyperkalemia • Hypothermia | <ul style="list-style-type: none"> • Tamponade, cardiac • Tension pneumothorax • Thrombosis, pulmonary • Thrombosis, cardiac • Toxins |
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- ① Refer to Hypothermia & Avalanche/Snow Immersion Suffocation Resuscitation Protocol (E-2) or Traumatic Pulseless Arrest Protocol (T-6) as appropriate
- ① Contact the base/modified base hospital for consultation & orders as appropriate
- ① Consider early transport of pts who have reversible causes that cannot be adequately treated in the prehospital setting

- Base/Modified Base Hospital Physician Order****
- If resuscitation attempts do not obtain ROSC, consider termination of resuscitation efforts
 - BLS termination of resuscitation criteria (all):
 - (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):
 - (1) Arrest not witnessed by EMS
 - (2) No effective bystander CPR was provided, or effective CPR cannot be maintained
 - (3) No AED shocks or defibrillations delivered
 - (4) No ROSC after full ALS care
- **In the event of communication failure, EMS personnel may terminate resuscitation without a base/modified base hospital physician order on a pt who meets ALS termination of resuscitation criteria.

SEE PAGE 2 FOR TREATMENT ALGORITHM



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