



Non-Traumatic Pulseless Arrest

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MANUAL CHEST COMPRESSIONS

- 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

MECHANICAL CHEST COMPRESSION DEVICES

Indications

- Adult pt (≥ 15 yo)
- ① Apply following completion of at least one manual CPR cycle, or at the end of a subsequent cycle
- ① Use in accordance with manufacturer guidelines

Contraindications

- Pt does not fit in the device
- 3rd trimester pregnancy

DEFIBRILLATION & GENERAL PT MANAGEMENT

- Analyze rhythm/check pulse after every 2 min CPR cycle
- Biphasic manual defibrillation detail (**AEMT II**):
 - 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

ADVANCED AIRWAY MANAGEMENT

- 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

- Hypovolemia
 - Hypoxia
 - Hydrogen Ion (acidosis)
 - Hypo-/hyperkalemia
 - Hypothermia
 - Tamponade, cardiac
 - Tension pneumothorax
 - Thrombosis, pulmonary
 - Thrombosis, cardiac
 - Toxins
- ① Consider early transport of pts who have reversible causes that cannot be adequately treated in the prehospital setting
- ① Contact the base/modified base hospital for consultation & orders as appropriate
- ① Refer to Hypothermia & Avalanche/Snow Immersion Suffocation Resuscitation Protocol (E-2 - LALS) or Traumatic Pulseless Arrest Protocol (T-6 - LALS) as appropriate

BLS TERMINATION OF RESUSCITATION (TOR)

Base/Mod. Base Hosp. Physician Order Required

- BLS providers may use the following TOR criteria when ALS is not available (**all 3 must apply**):
 1. Arrest not witnessed by EMS
 2. No AED shocks delivered
 3. No ROSC after 3 rounds of CPR/AED analysis

LALS TERMINATION OF RESUSCITATION (TOR)

- LALS providers may use the following TOR criteria:
 1. Arrest not witnessed by EMS
 2. No AED shocks or defibrillations delivered
 3. No ROSC after full LALS care

Base/Mod. Base Hosp. Physician Order only required for pt's not meeting all 3 LALS criteria

SPECIAL TOR CIRCUMSTANCES

- In the event of communication failure, BLS/ALS providers may terminate resuscitation on pts requiring base/modified base hospital physician order when rescuers are exhausted or physically unable to continue resuscitation

SEE PAGE 2 FOR TREATMENT ALGORITHM



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