

**Non-Traumatic Pulseless Arrest**

Approval: Troy M. Falck, MD – Medical Director

Effective: 10/01/2025

Approval: John Poland – Executive Director

Next Review: 04/2028

MANUAL CHEST COMPRESSIONS	MECHANICAL CHEST COMPRESSION DEVICES				
<ul style="list-style-type: none">• 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	<table><tr><th>Indications</th><th>Contraindications</th></tr><tr><td><ul style="list-style-type: none">• Adult pt (≥ 15 yo)<p>① Apply following completion of at least one manual CPR cycle, or at the end of a subsequent cycle</p><p>① Use in accordance with manufacturer guidelines</p></td><td><ul style="list-style-type: none">• Pt does not fit the device• 3rd trimester pregnancy</td></tr></table>	Indications	Contraindications	<ul style="list-style-type: none">• Adult pt (≥ 15 yo) <p>① Apply following completion of at least one manual CPR cycle, or at the end of a subsequent cycle</p> <p>① Use in accordance with manufacturer guidelines</p>	<ul style="list-style-type: none">• Pt does not fit the device• 3rd trimester pregnancy
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DEFIBRILLATION & GENERAL PT MANAGEMENT	ADVANCED AIRWAY MANAGEMENT				
<ul style="list-style-type: none">• Analyze rhythm & check pulse after every 2 min CPR cycle• Biphasic manual defibrillation detail:<ul style="list-style-type: none">- 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	<ul style="list-style-type: none">• 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<ul style="list-style-type: none">- An abrupt increase in PETCO₂ is indicative of ROSC- Persistently low PETCO₂ levels (< 10 mmHG) suggest ROSC is unlikely				
TREAT REVERSIBLE CAUSES	BLS TERMINATION OF RESUSCITATION (TOR)				
<table><tr><td><ul style="list-style-type: none">• Hypovolemia• Hypoxia• Hydrogen Ion (acidosis)• Hypo-/hyperkalemia• Hypothermia<p>① Consider early transport of pts who have reversible causes that cannot be adequately treated in the prehospital setting</p><p>① Contact the base/modified base hospital for consultation & orders as appropriate</p><p>① Refer to Hypothermia & Avalanche/Snow Immersion Suffocation Resuscitation Protocol (E-2) or Traumatic Pulseless Arrest Protocol (T-6) as appropriate</p></td><td><ul style="list-style-type: none">• Tamponade, cardiac• Tension pneumothorax• Thrombosis, pulmonary• Thrombosis, cardiac• Toxins</td></tr></table>	<ul style="list-style-type: none">• Hypovolemia• Hypoxia• Hydrogen Ion (acidosis)• Hypo-/hyperkalemia• Hypothermia <p>① Consider early transport of pts who have reversible causes that cannot be adequately treated in the prehospital setting</p> <p>① Contact the base/modified base hospital for consultation & orders as appropriate</p> <p>① Refer to Hypothermia & Avalanche/Snow Immersion Suffocation Resuscitation Protocol (E-2) or Traumatic Pulseless Arrest Protocol (T-6) as appropriate</p>	<ul style="list-style-type: none">• Tamponade, cardiac• Tension pneumothorax• Thrombosis, pulmonary• Thrombosis, cardiac• Toxins	<p><u>Base/Mod. Base Hosp. Physician Order Required</u></p> <ul style="list-style-type: none">• BLS providers may use the following TOR criteria when ALS is not available (<u>all 3 must apply</u>): <ol style="list-style-type: none">1. Arrest not witnessed by EMS2. No AED shocks delivered3. No ROSC after 3 rounds of CPR/AED analysis		
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	ALS TERMINATION OF RESUSCITATION (TOR)				
	<ul style="list-style-type: none">• ALS providers may use the following TOR criteria: <ol style="list-style-type: none">1. Arrest not witnessed by EMS2. No AED shocks or defibrillations delivered3. No ROSC after full ALS care <p><u>Base/Mod. Base Hosp. Physician Order only required for pt's not meeting all 3 ALS criteria</u></p>				
	SPECIAL TOR CIRCUMSTANCES				
	<ul style="list-style-type: none">• 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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