## TREATMENT:

Initiate High Performance CPR Perform HP CPR for 2 minutes If down time is less than 5 minutes, perform CPR until defibrillator is attached If Opioid Overdose is suspected, administer **Narcan** ASAP.

## 1:10,000 Epinephrine 1mg IV/IO as soon as access is obtained.

Continue HP CPR; check rhythm every 2 minutes

1:10,000 Epinephrine 1 mg IV/IO, repeat every 3-5 minutes.

### **PEDIATRIC PATIENTS:**

- A. Begin CPR and airway management.
- B. Administer 1:10,000 Epinephrine 0.01 mg/kg IV/IO, repeat every 3-5 minutes.
- C. Consider and treat other possible causes. Obtain CBG.

# **NOTES & PRECAUTIONS:**

- A. If unwitnessed arrest, unknown downtime, and no obvious signs of death, proceed with resuscitation and get further information from family/bystanders.
- B. Consider OLMC for advice on continuing resuscitation.
- C. If history of traumatic event, consider Death in the Field protocol.
- D. DO NOT interrupt CPR when securing patient's airway.
- E. Studies have shown no superiority of ET vs Supraglottic airways for survival rates.
- F. Transport all post ROSC patients of suspected cardiac nature to SCMC-Bend unless patient needs to be stabilized immediately or not enough resources are available. If post ROSC 12-lead shows STEMI, <u>DO NOT</u> activate HEART 1; inform SCMC-Bend ED via HEAR or phone.
- G. Continued Epinephrine use after 3 rounds of Epi administration should have a prolonged administration interval (8-10 minute interval instead of 3-5 minutes).

### **KEY CONSIDERATIONS:**

Consider and treat other possible causes:

- Acidosis Sodium Bicarbonate 1 mEq/kg IV/IO.
- Cardiac tamponade Initiate rapid transport.
- Hyperkalemia Treat per Hyperkalemia protocol.
- Hypothermia Treat per Hypothermia protocol
- Hypovolemia Treat with fluids per Shock protocol.
- Hypoxia Oxygenate and ventilate
- Pulmonary embolus Initiate rapid transport.
- Tension pneumothorax Needle decompression.
- Tri-cyclic antidepressant overdose Sodium Bicarbonate 1 mEq/kg IV/IO