**CARDIAC ARREST PROTOCOL**

**Determine if the Patient is in Cardiac Arrest:**

1. Check for possible delicate spine (Life over limb)
2. Assess LOC
3. Assess Airway and Breathing, if no breaths
4. Assess Pulse, if no pulse, begin CPR

**Indications:** Patient in Cardiac arrest

**Contraindications:** DNR or NO CPR Order

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When **3 CONSECUTIVE NO SHOCKS** are advised, contact Physician for further orders. Orders may include:

* Load and transport continuing CPR enroute
* Load and transport continuing CPR / AED enroute (stopping vehicle and analysing every 4-5 min.
* Discontinue CPR; ensuring compliance with local medical protocol prior to discontinuing
* Continue CPR / AED on scene for prescribed amount of time and then either stop CPR or transport

**Continue CPR / AED until:**

* You transfer patient care over to more advanced care provider or;
* There are signs of life (e.g. patient movement, coughing or breathing)
* You get 3 consecutive NO SHOCK advised messages.

1. AED should be used in all Cardiac Arrests when not contraindicated (e.g. verifiable DNR/No CPR, major trauma)
2. If resources available , an airway adjunct (OPA) should be inserted, oxygen applied and suction readied, when practical
3. For Paediatric patients the AED pads may have to be positioned anterior/posterior
4. If another AED is in place, change machines ONLY during a 2 minute CPR cycle
5. Only check pulse if there are signs of life. If there is a pulse the EMR should maintain Airway and Breathing, load and transport. If the patient is unstable, leave the AED and pads attached, ready for CPR.
6. Contacting Physician may take time and the Attendant should take this into consideration when initiating contact
7. If a Physician cannot be contacted, load and transport continuing CPR/ AED enroute (stopping vehicle and analysing every 4-5 min)
8. If “No Shock” is advised continue CPR and transport. If “Shock” is advised, deliver shock, stay and continue to shock as per the CPR/AED protocol until a “No Shock” is received and then continue transport.

**If SHOCK advised**

* Defibrillate
* 2 minutes of CPR
* Analyse
* Repeat

**NO SHOCK advised**

* Immediately start 2 minutes of CPR (switch)
* Analyse
* Repeat

**Initiate CPR – starting with compressions**

* 30 compressions: 100 / min, allow for full recoil
* 2 ventilations via BVM; open airway (head-tilt-chin-lift)
* Second Rescuer prepares AED, attaches pads and turns AED on
* Analyse