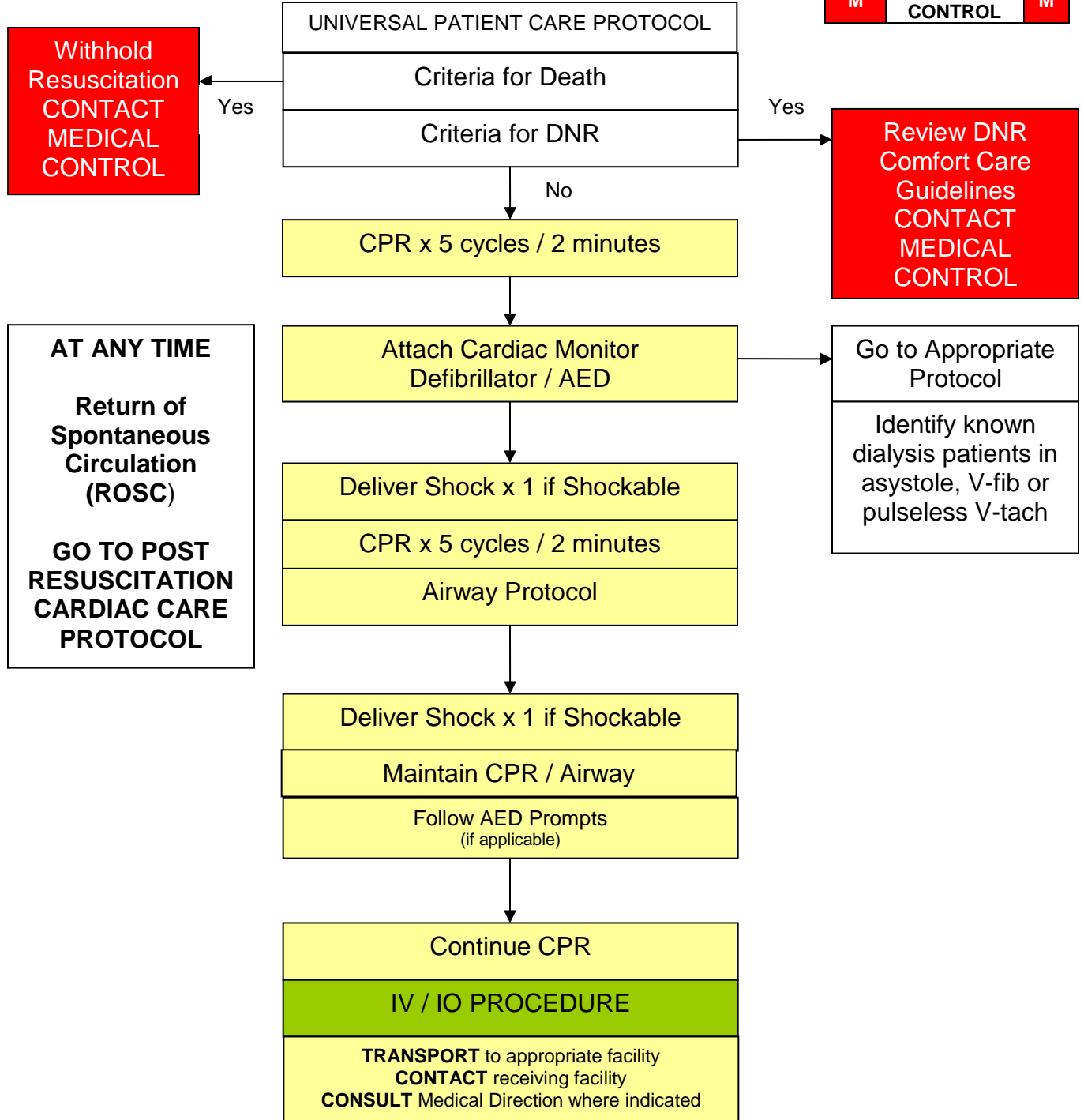




Section 4: Adult ACLS Protocols

ADULT ACLS: CARDIAC ARREST

E	EMT	E
A	AEMT	A
P	PARAMEDIC	P
M	MED CONTROL	M





Section 4: Adult ACLS Protocols

ADULT ACLS: CARDIAC ARREST-Cont.

PEARLS and KEY POINTS

HISTORY	SIGNS AND SYMPTOMS	DIFFERENTIAL DIAGNOSIS
<ul style="list-style-type: none">• Events leading to arrest• Estimated downtime• Past medical history• Medications• Existence of terminal illness• Signs of lividity, rigor mortis• DNR	<ul style="list-style-type: none">• Unresponsive• Apneic• Pulseless	<ul style="list-style-type: none">• Medical vs. trauma• V-fib vs. pulseless V-tach• Asystole• Pulseless electrical activity (PEA)

- Exam: Mental Status
- Always minimize interruptions to chest compressions.
- Success is based on proper planning and execution. Procedures require space and patient access, make room to work.
- Reassess airway frequently and with every patient move.
- Maternal arrest - Treat mother per appropriate protocol with immediate notification to Medical Control and rapid transport with manual left uterine displacement.
- If the patient converts to another rhythm, refer to the appropriate protocol and treat accordingly.
- Attempt to obtain patient history from family members or bystanders.
 - Estimated down time
 - Medical history
 - Complaints prior to arrest
 - Bystander CPR prior to EMS arrival
 - AED use prior to EMS arrival
- Administer Dextrose 50% (D50) or Dextrose 10% (D10) only if the patient has a blood glucose level < 60 mg / dl. Dextrose 50% (D50) or Dextrose 10% (D10) should be administered as soon as hypoglycemia is determined.
- Consider Narcan (Naloxone) if known or suspected to have used narcotics, after standard ACLS initiated.
- Reassess the patient if the interventions do not produce any changes.
- If indicated, refer to the TERMINATION OF RESUSCITATION EFFORTS POLICY.