



Yolo County Emergency Medical Services Agency

Protocols

Revised Date: September 1, 2018

MEDICAL CARDIAC ARREST	
Adult	Pediatric
BLS	
Provide High Performance CPR: <ul style="list-style-type: none"> Continuous chest compressions at a rate of 100 - 120 per minute, allow for full chest recoil Avoid interruptions, do not interrupt CPR to administer medications or perform any procedures If available use metronome to ensure proper rate Apply AED Follow AED command prompts, shock if indicated Place 1 OPA and bilateral NPAs BVM 1 breath every 6 - 8 seconds (10 breaths per minute) on the up stroke Reassess pulse every 2 minutes during compressor switch - not to exceed 10 seconds 	
Compression depth 2" - 2.4"	Compression depth of at least 1/3 the diameter of the chest size
ALS	
Cardiac Monitor, Defib Pads, Waveform EtCO ₂ , Cardiac Monitor Metronome, Vascular Access, NG/OG Tube	
Ventricular Fibrillation (VF) Pulseless Ventricular Tachycardia (VT)	
Provide High Performance CPR: <ul style="list-style-type: none"> Shock on a 2 minute cycle Pre-charge the monitor at 1:45 Minimize perishock pause to less than 5 seconds Change out compressor during perishock pause 	
Shockable Rhythm - Shock with a defibrillator per manufacturers energy dose <ul style="list-style-type: none"> Repeat every 2 minutes Epinephrine (1:10,000) 1 mg IV/IO <ul style="list-style-type: none"> Repeat every 3 - 5 minutes Amiodarone 300 mg SIVP/IO – first dose (flush tubing with NS 20 mL) <p style="text-align: center;"><u>In 3 - 5 minutes</u></p> Amiodarone 150 mg SIVP/IO – second dose (flush tubing with NS 20 mL) <ul style="list-style-type: none"> No repeat 	Shockable Rhythm – Shock with a defibrillator at 2 J/kg <ul style="list-style-type: none"> Additional shocks every 2 minutes at 4 J/kg Epinephrine (1:10,000) 0.01 mg/kg IV/IO <ul style="list-style-type: none"> Repeat every 3 - 5 minutes Amiodarone 5 mg/kg SIVP/IO <ul style="list-style-type: none"> Max single dose 300 mg May repeat x 1 in 3 - 5 minutes



Yolo County Emergency Medical Services Agency

Protocols

Revised Date: September 1, 2018

Adult	Pediatric
ALS <i>cont.</i>	
Asystole Pulseless Electrical Activity (PEA)	
<u>Address reversible causes based on applicable protocols</u>	
<ul style="list-style-type: none"> Hypoglycemia Hypoxia Hypo/Hyperkalemia Hypovolemia Hydrogen Ion (acidosis) Hypothermia 	<ul style="list-style-type: none"> Tension Tamponade cardiac Trauma Toxins Thrombosis
Epinephrine (1:10,000) 1 mg IV/IO <ul style="list-style-type: none"> • Repeat every 3 - 5 minutes 	Epinephrine (1:10,000) 0.01 mg/kg IV/IO <ul style="list-style-type: none"> • Repeat every 3 - 5 minutes
Direction	
<ul style="list-style-type: none"> • A BLS airway is the preferred method of airway management during cardiac arrest • Termination of Resuscitation (TOR) if there is no response to resuscitation efforts after a minimum of 20 minutes – See Termination of Resuscitation (TOR) protocol • If ROSC is achieved – See Post Resuscitation Care Protocol • Transmit Code Report via Physio Control Monitor – required for all cardiac arrests 	