Effective: September 1, 2013

CARDIAC EMERGENCIES C-3 Adult Cardiac Arrest (Shockable) Rhythm

Solano County
Paramedics may
initiate patient
transport at any time
should patient
condition warrant
during the use of this
protocol or may follow
Policy 6155 at the
appropriate time
during the
resuscitation.

After endotracheal intubation monitor ET CO₂ if possible

Reversible Causes:

- Hypovolemia;
- Hypoxia;
- Hydrogen ion (acidosis);
- Hypo/Hyperkalemia;
- Tension Pneumothorax;
- Tamponade;
- Toxins;
- Thrombosis, pulmonary;
- Thrombosis, coronary.

Yes

Begin CPR using the current ECC guidelines

- Administer oxygen;
- Attach monitor.

Ventricular Fibrillation/Ventricular Tachycardia.

Shock

<u>Biphasic</u>: Manufacturer recommendation: if unknown, use maximum available. Second and subsequent doses should be equivalent.

Monophasic: 360 J.

This protocol generally mirrors the 2010 American Heart Association Guideline for CPR and ECC. Changes have been made to reflect the current Solano County Paramedic scope of practice.

Solano County Approved Specific Treatment for Reversible Cause of Cardiac Arrest

- Hypovolemia Consider an additional 500 ml Normal Saline IV Bolus;
- Hypo/Hyperkalemia If patient has a history of Renal Failure, administer Calcium Chloride 1gm IV after thoroughly flushing IV line administer Sodium Bicarbonate 50 mEq IV;
- Hypothermia treat possible hypothermia by warming measure;
- Tension pneumothorax consider needle thoracostomy;
- Toxins possible tricyclic antidepressants overdosage, administer Sodium Bicarbonate
 mEq IV, 1 time only.

CPR for 2 minutes IV/IO access. Treat patient Shockable using the Νo Rhythm? C-4 protocol. Yes Shock Base information above. CPR for 2 minutes Epinephrine 1mg IV/IO every 3-5 minutes: Consider advanced airway. No Shockable Rhythm? Yes Shock Base information above. CPR for 2 minutes Treat reversible causes:

Consider field pronouncement if no Return of Spontaneous Circulation (ROSC) after 20 minutes.

For ROSC complete a 12 Lead EKG and transport to the closest STEMI Receiving Center.

Disrupted Communications

Lidocaine 100 mg IV push, repeat

50 mg every 5 - 10 minutes with a

maximum dosage of 200 mg.

Shockable Rhythm?

In the event of a "disrupted communications" situation, the paramedic in Solano County may utilize all portions of this treatment protocol needed to stabilize an immediate patient without Base Hospital Contact.