

BASE HOSPITAL TREATMENT GUIDELINES

CARDIOPULMONARY ARREST-ADULT/ADOLESCENT NON-TRAUMATIC

#: <u>BH-C-10</u> Page: 1 of 4 Date: 04/01/13

BASE GUIDELINES

For Continued VF/pulseless Wide Complex Tachycardia

- 1. Determine ALS Standing Order treatments/procedures rendered prior to base hospital contact. Use ALS standing order as guidelines for treatments/procedures not initiated prior to base hospital contact.
- 2. If at any time patient develops a rhythm with a pulse/return of spontaneous circulation (ROSC), patient should be routed to the nearest open ERC that is an OCEMS designated Cardiovascular Receiving Center with an available cardiac catheterization laboratory.
- 3. For return of spontaneous circulation (ROSC) with systolic blood pressure less than 90 systolic:
 - ▶ If NO signs of congestive heart failure (lungs clear to auscultation), administer 250 mL Normal Saline bolus, repeat up to three times (total 1 liter) to maintain perfusion.

If no response to initial 250 mL Normal Saline or signs of congestive heart failure (pulmonary rales):

➤ Dopamine 400 mg/250 mL Normal Saline, titrate between 5 mcg/kg/min to 20 mcg/kg/min (see dosing reference sheet) to maintain systolic blood pressure above 90 systolic.

ALS STANDING ORDER

Ventricular fibrillation (VF) OR Pulseless Wide Complex Tachycardia (VT)

- 1. Initiate or continue CPR and when defibrillator available:
 - ► Defibrillate once using pre-programmed/manufacturer's recommended defibrillator setting



- 2. If at any time develops rhythm with pulse:
 - Ventilate and oxygenate
 - Assess for and correct hypoxia, hypovolemia, hypoglycemia, or hypothermia
 - Make base contact and transport to available Cardiovascular Receiving Center (CVRC)



- 3. If remains pulseless:
 - → Maintain CPR
 - ► High-flow oxygen by BVM
 - → IV/IO vascular access without interruption of CPR



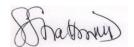
- 4. Monitor cardiac rhythm:
 - → If continued VF/pulseless Wide Complex Tachycardia
 - ► Defibrillate once at maximum energy setting or pre-programmed/manufacturer's recommended defibrillator setting
 - → If PEA or asystole: refer to PEA/Asystole treatment sequence



- 5. For continued VF/ pulseless Wide Complex Tachycardia or if reverts back to VF/pulseless Wide Complex Tachycardia:
 - → Maintain CPR
 - ► Administer *Epinephrine 1 mg (1:10,000) IV/IO*, repeat approximately every 3 minutes for continued VF/pulseless Wide Complex Tachycardia
 - Advanced airway with minimal interruption of CPR and confirm tube placement.



Approved:



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BASE GUIDELINES

For Continued VF/pulseless Wide Complex Tachycardia

- 3. Once ALS Standing Orders treatment sequence is completed, continue the following for continued VF/pulseless Wide Complex Tachycardia:
 - ► Maintain CPR
 - ► Administer Epinephrine 1 mg (1:10,000) IV/IO, repeat approximately every 3 minutes for continued VF/pulseless Wide Complex Tachycardia.
 - ▶ Defibrillate at maximum energy setting or pre-programmed defibrillator setting.
 - ► Repeat defibrillation sequence after approximately every 2 minutes of CPR if there is continued VF/pulseless Wide Complex Tachycardia.
- 4. For prolonged arrest, consider Sodium Bicarbonate (NaHCO3-) 1mEq/kg IVP. May repeat once in approximately 5 minutes.
- 5. If no return of spontaneous circulation (ROSC), consider BH Physician request for pronouncement of patient in the field.

ALS STANDING ORDER

Ventricular fibrillation (VF) OR

Pulseless Wide Complex Tachycardia (VT) (Continued from Page 1)



- 6. For continued VF/pulseless Wide Complex Tachycardia:
 - → Maintain CPR
 - ▶ Defibrillate once at maximum energy setting or preprogrammed/manufacturer's recommended defibrillator setting.



- 7. For continued VF/ pulseless Wide Complex Tachycardia:
 - → Maintain CPR
 - ▶ Administer Amiodarone 300 mg IV/IO, may repeat 150 mg IV/IO in approximately 3 minutes

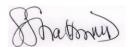


- 8. After approximately 2 minutes of CPR, if there is continued VF/pulseless Wide Complex Tachycardia:
 - ▶ Defibrillate once at maximum energy setting or preprogrammed/manufacturer's recommended defibrillator setting



- 9. For continued VF/ pulseless Wide Complex Tachycardia:
 - → Maintain CPR and transport to nearest ERC or make Base contact:
 - For further resuscitation orders
 - To request pronouncement of patient in the field

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BASE GUIDELINES

For continued Pulseless Electrical Activity (PEA)/Asystole

- 1. Determine ALS Standing Order treatments/procedures rendered prior to base hospital contact. Use ALS standing order as guidelines for treatments/procedures not initiated prior to base hospital contact.
- 2. Consider and treat reversible causes:

hypovolemia* acidosis

hypoxia tension pneumothorax

hypothermia toxins

hypoglycemia

* For suspected hypovolemia, give Normal Saline 250 mL bolus, may repeat three times (total of 1 liter) to maintain perfusion.

ALS STANDING ORDER

Pulseless Electrical Activity (PEA) OR Asystole

- 1. Initiate or maintain CPR
 - ► High-flow oxygen by BVM



- Continually monitor cardiac rhythm:
 - → Maintain CPR
 - ► IV/IO vascular access without interruption of CPR
 - ▶ 250 mL Normal Saline bolus, may repeat up to maximum 1 liter to attain and maintain perfusion.



- If no immediate response to initial 250 mL Normal Saline bolus:
 - ► Administer Epinephrine 1 mg (1:10,000) IV/IO approximately every 3 minutes
 - → Assess for possible reversible causes:

hypovolemia acidosis

hypoxia tension pneumothorax

hypothermia toxins

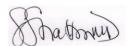
▶ If diabetic and hypoglycemia suspected: administer dextrose 50 mL IV/IO once



▶ Advanced airway with minimal interruption of CPR and confirm tube placement



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BASE GUIDELINES

For Continued Pulseless Electrical Activity (PEA)/Asystole

- 3. If at any time patient develops a rhythm with a pulse/return of spontaneous circulation (ROSC), patient should be routed to the nearest open ERC that is an OCEMS designated Cardiovascular Receiving Center with an available cardiac catheterization laboratory.
- 4. Continue the following treatment for continued Pulseless Electrical Activity (PEA)/Asystole:
 - ▶ Maintain CPR.
 - ► Administer *Epinephrine 1 mg (1:10,000) IV/IO*, repeat approximately every 3 minutes for continued Pulseless Electrical Activity (PEA)/ Asystole.
- 5. For prolonged arrest, consider Sodium Bicarbonate (NaHCO3-) 1mEq/kg IVP. May repeat once in approximately 5 minutes.
- 6. Consider BH Physician order to request pronouncement of patient in the field.

ALS STANDING ORDER

Pulseless Electrical Activity (PEA) OR **Asystole** (Continued from Page 3)

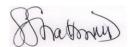


- 4. If at any time develops rhythm with pulse:
 - Ventilate and oxvgenate
 - Assess for and correct hypoxia, hypovolemia, hypoglycemia, or hypothermia
 - Make base contact and transport to available Cardiovascular Receiving Center (CVRC)



- 5. For continued PEA or asystole:
 - → Maintain CPR and transport to nearest ERC or make Base contact:
 - For further resuscitation orders
 - To request pronouncement of patient in the field

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