



CARDIAC ARREST



Escambia County, Florida - ALS/BLS Medical Protocol

Supportive Care

1. Start [CPR](#), push hard and fast. ≥ 2 inches, ≥ 100 /min.
2. Give oxygen, attach monitor/defibrillator, obtain IO/IV access
3. [Medical Supportive Care Protocol](#), if applicable [Death in the Field](#).

ALS Level 1

1. **If Shockable Rhythm**

- 1a. Defibrillate with-200 joules biphasic initially.

Second shock is 300 joules.

Third shock is 360joules.

4th and subsequent shocks remain at 360 joules

- 1b. Immediately resume CPR for 2 minutes.

- 1c. [Epinephrine](#) 1/10,000, 1 mg IO/IV every 3 to 5 minutes.

or

May use [Vasopressin](#) 40 units IV to replace the first or second dose of Epinephrine.

- 1d. Consider an [Advanced Airway](#)

- 1e. Consider [Capnography](#)

- 1f. **If Shockable Rhythm**, defibrillate with appropriate joules. As described in 1a. above.



Approved: 10/01/2011
Version: 3.1

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- 1g. Immediately resume CPR for 2 minutes.
- 1h. [Amiodarone](#) 300mg IV (First Dose), 150mg (Second Dose if needed.)
- 1i. Treat reversible causes.
- 1j. Continue to repeat from #1 if needed and still in shockable rhythm.
- 1k. Proceed to #2 if converted to a non-shockable rhythm. Proceed to Post-Cardiac Arrest Care if pulse returns.

2. **Non- Shockable Rhythm**

- 2a. CPR for 2 minutes. CPR, push hard and fast. ≥ 2 inches, ≥ 100 /min.
- 2b. [Epinephrine](#) 1/10,000, 1 mg IO/IV every 3 to 5 minutes.

(May use [Vasopressin](#) 40 units IV to replace the first or second dose of Epinephrine).
- 2c. Consider an [Advanced Airway](#)
- 2d. Consider [Capnography](#)
- 2e. Treat reversible causes
- 2f. Continue to repeat from #2 if rhythm remains non-shockable. Proceed to Post-Cardiac Arrest Care if pulse returns.

ALS Level 2 (*Physician authorization required*)

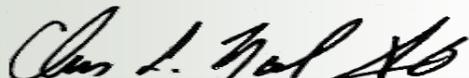
- 1. Consider termination of resuscitation attempt for agonal rhythm and asystole.



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Notes

Push hard & fast (100/min), ensuring full chest recoil, and minimizing interruptions in chest compressions; change compressor every 2 minutes.

Avoid hyperventilation; perform asynchronous CPR ventilating 8-10 breaths/minute if advanced airway utilized.

If treatable causes are identified, narrow QRS complex PEA is associated with much higher resuscitation rates than either asystole or wide QRS complex PEA.

Search for treatable causes (6H's & 6T's)

Treatable Causes

Hypovolemia	Tablets and Toxins
Hypoxia	Tamponade (cardiac)
Hypoglycemia	Tension pneumothorax
Hyper / Hypokalemia	Thrombus – MI
Hypothermia	Thrombus – PE
Hydrogen Ion (acidosis)	Trauma

Initial use of [oropharyngeal airway](#) and bag-valve-mask is acceptable with advanced airway (ETT tube and [King Airway](#)) differed until a suitable time.



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