

# CARDIAC

## C-3 PULSELESS ARREST

### Chest Compressions

- Rate: 100-120/min
- Depth: 2 inches, allow full chest recoil
- Minimize interruptions
- Rotate personnel every 2 minutes
- Perform CPR during AED/defibrillator charging
- Resume CPR immediately after defibrillation
- Limit pulse checks to less than 10 seconds

### Mechanical Chest Compression Devices

- Apply following completion of at least one manual CPR cycle OR at the end of the current cycle
- Follow manufacturer's recommendations on indications/contraindications

### Defibrillation and General Patient Management

- Analyze rhythm and check pulse after every 2 minute CPR cycle
- Follow manufacturer's recommendations for biphasic manual defibrillation settings. If unknown, start at max setting
- Limit movement of patient to prevent interruptions in CPR
- If safe to do so, perform CPR and interventions before moving patient for approximately 20 minutes on scene prior to transport or termination of resuscitation.
- If ROSC is achieved, perform 12 Lead EKG and transport to closest STEMI Center

### Advanced Airway Management

- Establish advanced airway at appropriate time during resuscitation
- Do not interrupt chest compressions to establish an advanced airway
- Waveform capnography shall be used on all patients with an advanced airway in place

### Consider Reversible Causes (H's & T's)

- Hypovolemia
- Hypoxia
- Hydrogen Ion (acidosis)
- Hypokalemia/Hyperkalemia
- Hypothermia
- Tamponade, cardiac
- Tension pneumothorax
- Thrombosis, pulmonary
- Thrombosis, cardiac
- Toxins

### Termination of Resuscitation

Terminate resuscitation per Policy 6155,  
Resuscitation Parameters

### Specific Treatments for Reversible Causes (H's & T's)

**Hypovolemia:** Consider up to 1000mL bolus IV/IO NS

**Hyperkalemia with patients with renal failure:**

Calcium Chloride 1g IV/IO. Flush line then give  
Sodium Bicarbonate 50mEq IV/IO

**Hypothermia:** Warming measures

**Tension Pneumothorax:** Treat per Protocol S-1

**Toxins:** For TCA overdose, Sodium Bicarbonate 50mEq IV/IO. Treat all others per appropriate protocols.

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