

CARDIAC ARREST STANDING ORDER

Initiate immediate and supportive care:

- CPR
- Establish airway
- Oxygen to keep O2 sat > 90%
- Determine cardiac rhythm

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Use standing order on **ALL** patients greater than 8 years of age.

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Standing order **should not** be used on patients:

- Less than 8 years of age
- With profound hypothermia
- Involved in a traumatic event
- Meeting DOA criteria
 - Decapitated*
 - Burned beyond recognition*
 - Decomposed*
 - VALID Prehospital Advanced Directive*

Patient meets **ANY** exclusion criteria

Contact medical direction,
IMMEDIATELY

Patient meets inclusion criteria.
Assess rhythm

If presenting rhythm:
Vfib/Pulseless VT/PEA
initiate ACLS or other
approved resuscitative
measures and prepare
for transport.*

If presenting rhythm:
Asystole – initiate ACLS
or other approved
resuscitative measures
and if no response after
20 min. or 3 rounds of
drugs

*Transport to a Cardiac
Arrest Center per SAEMS
Cardiac Arrest Center
Triage Protocol
(See Reverse)

Contact medical direction.

Revised: 2/12/01;
4/2005; 4/2009; 11/2009

OVER



CARDIAC ARREST CENTER (CAC) TRIAGE PROTOCOL

- I. Patients with an unstable airway should be transported to the closest facility
- II. Any non-traumatic Out of Hospital Cardiac Arrest (OHCA) patient with a Return of Spontaneous Circulation (ROSC) should be transported to a Regional Cardiac Arrest Center if all of the following inclusion criteria are met:

Inclusion Criteria

- Adult (age 18 or older) not known to be pregnant
- Palpable pulse or other evidence of spontaneous circulation after non-traumatic OHCA
- GCS less than 8 after ROSC
- Less than 30 minutes of CPR performed prior to EMS arrival
- No uncontrolled hemorrhage
- No persistent unstable arrhythmia
- No evidence of severe hypothermia related arrhythmia
- No Prehospital advance directive for withholding care

III. Post Cardiac Arrest Care

A. The following guidelines should be used when transporting to a Cardiac Arrest Center

- EMS personnel will notify the CAC as soon as possible
- Maintain ventilation rate of 8 breaths per minute
- Consider antiarrhythmic medication
- Administration of 2000ml cold (4° C / 39.2° F) NS IV fluid bolus if available
- Do NOT actively warm patients
- Apply cold/ice packs to groin/axillae/neck
- Consider dopamine for persistent hypotension
- Perform 12 lead if available

V. Special Notes

- A. Transport to a CAC when feasible, resources available, and less than 15 minutes is added to the transport time when compared to transport to a non-CAC.
- B. Cardiac Arrest Centers are designated by the State of Arizona Department of Health Services based upon their ability to deliver therapeutic hypothermia and 24/7 cardiac catheterization. (In Tucson: UMC, TMC, NWH, SJH, SMH, THH)
- C. In outlying areas with a transport time of greater than 30 minutes to a CAC, transport the patient to the closest facility, or consider air transport directly to a CAC.