

CARDIAC RECEIVING CENTER (CRC) TRIAGE PROTOCOL ADMINISTRATIVE 1.29

Patients with an unstable airway should be transported to the closest facility

Any non-traumatic Out of Hospital Cardiac Arrest (OHCA) patient with a Return Of Spontaneous Circulation (ROSC) should be transported to a Regional Cardiac Receiving 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

Post Cardiac Arrest Care

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

- EMS personnel will notify the CRC 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

Special Notes

- A. Transport to a CRC when feasible, resources available, and less than 15 minutes is added to the transport time when compared to transport to a non-CRC.
- B. Cardiac Receiving 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, SMH, SJH, THH, UPH)
- C. In outlying areas with a transport time of greater than 30 minutes to a CRC, transport the patient to the closest facility, or consider air transport directly to a CRC.