

CARDIAC ARREST – ACLS



For cardiopulmonary arrest of cardiac or unknown cause begin CCR prior to standard ACLS.

Ventricular Fibrillation / Ventricular Tachycardia without pulses

ADVANCED EMT

1. **Epinephrine** 1 mg IV every 4 minutes to a max of 4.0 mg.

PARAMEDIC

2. Give **1 Shock**, repeat every 2 minutes.
3. **Cordarone (Amiodarone)** 300 mg IV/IO, may repeat 150 mg IV in 5 minutes.
4. **Magnesium Sulfate** 1 – 2 g IV/IO for Torsades de Pointes (polymorphic ventricular tachycardia) or persistent V-fib
5. **Refractory Ventricular Fibrillation / Ventricular Tachycardia:** If three defibrillation attempts are unsuccessful:
 - Vector change: consider new positioning of defibrillation pads

Asystole / Pulseless Electrical Activity (PEA)

ADVANCED EMT

6. **Epinephrine** 1 mg IV/IO every 4 minutes to a max of 4.0 mg.

PARAMEDIC

7. **Consider H's & T's:**
 - Hypovolemia
 - Hypoxia
 - Hydrogen ion (acidosis)
 - Hypo-/hyperkalemia
 - Hypothermia
 - Toxins
 - Tamponade, cardiac
 - Tension pneumothorax
 - Thrombosis (coronary or pulmonary)
 - Trauma
8. **Consider Termination of Resuscitation as follows:**

CARDIAC ARREST – ACLS cont.

INDICATIONS

- Adult victim of non-traumatic cardiac arrest
- Advanced airway (Endotracheal Tube or Non-visualized Airway)
- IV or IO access and ACLS medications
- No return of spontaneous circulation
- Any 25-minute period of continuous asystole
- Persistent V-fib / V-tach after 45 minutes of resuscitative efforts
- Duration of cardiac arrest resuscitation for other situations should be guided by the following factors:
 - Witnessed
 - bystander CPR
 - co-morbidity factors
 - end-tidal CO₂

CONTRAINDICATIONS

- Potentially treatable cause of condition
- Judgment of paramedic that termination of arrest would be inappropriate due to factors such as:
 - Arrest in public place
 - Perception of family non-acceptance
 - Communication barrier with family
 - Safety of crew

PROCEDURE

1. On-line Medical Control contacted for approval of termination.
2. Family notification and support when present.
3. Family MD or Specialist notification for signature on death certificate.
4. Notify the coroner as indicated by local protocol.
5. Notify funeral service for removal of the body.
6. Remain with body until it is turned over to appropriate authority such as coroner, police, or funeral home.