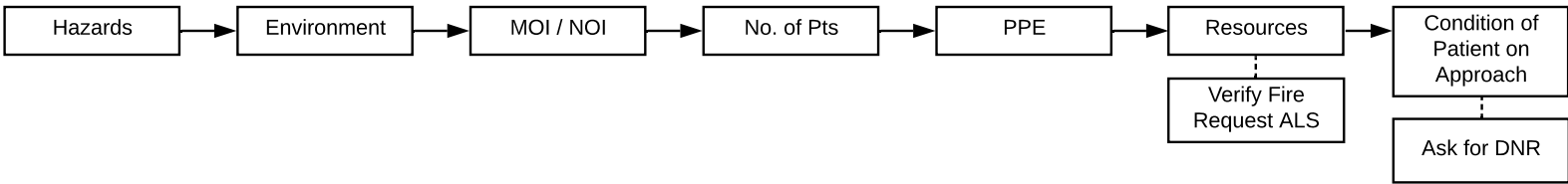
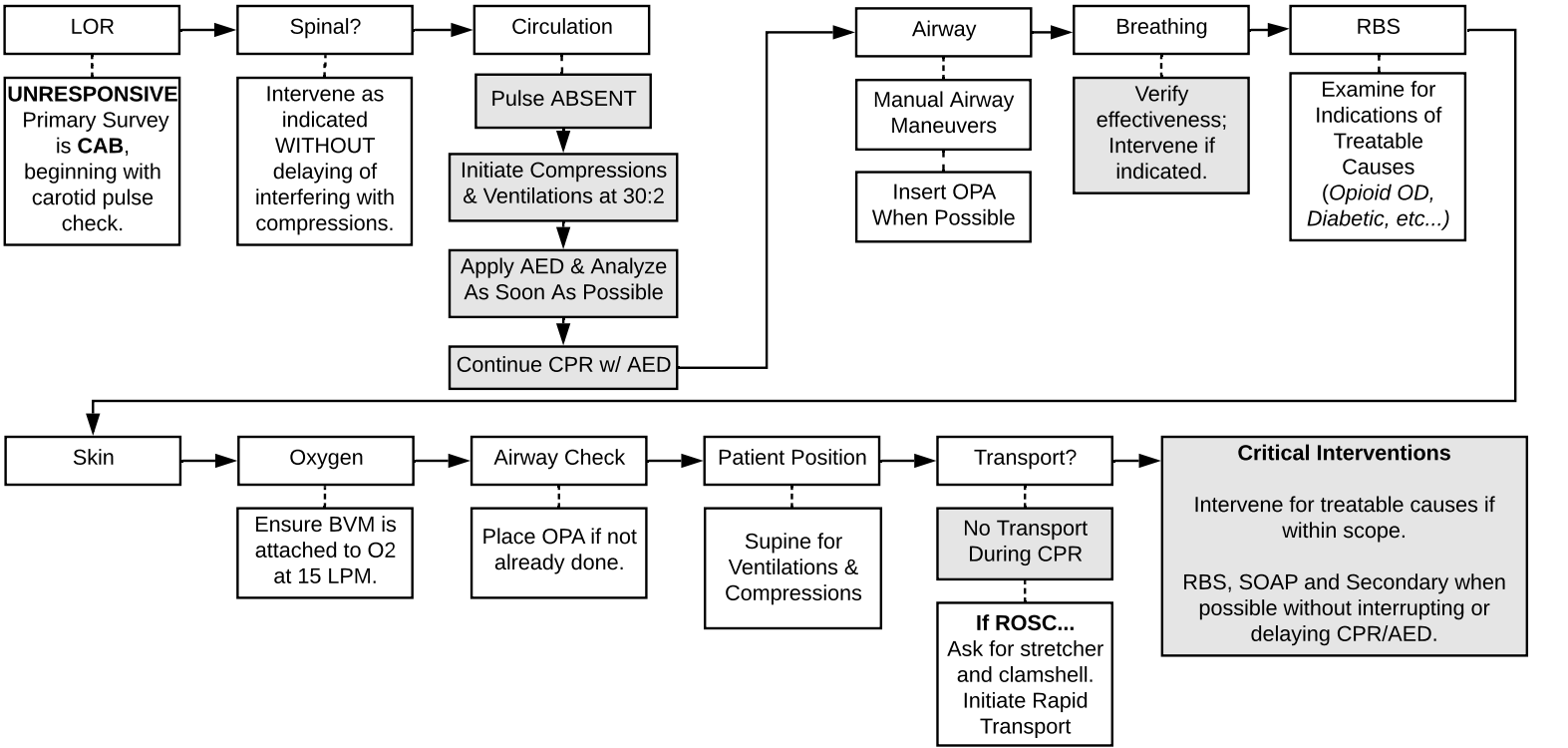


Adult Cardiac Arrest

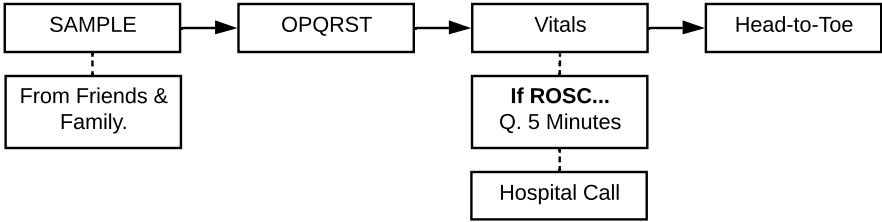
Scene Survey



Primary Survey



Secondary Survey



- NOTES**
- * Optimum chest compression rate is 100 -120 per minute at 5.0 to 6.0 cm depth (adjust to 1/3 to 1/2 chest diameter for smaller and bigger patients).
 - * Ratio is 30 Compressions to 2 Ventilations.
 - * Apply and use the AED as soon as possible.
 - * Single shocks – resume CPR immediately following delivery of a shock.
 - * No Shock Advised – resume CPR immediately.
 - * Continue resuscitation efforts on scene until the patient recovers, advanced care providers take over, you are presented with a valid “Do not Resuscitate” or No CPR order, or you receive orders to the contrary from your medical direction.
 - * Initiate a call to the emergency room physician after 15 minutes of high-quality CPR to determine transport, other treatments, or orders to cease resuscitation.
 - * **SUCTIONING**: Suction until airway is clear, maximum 10-15 seconds according to EMALB guidelines.
 - * **TREATABLE CAUSES**: If MOI / History indicates Hypothermia, Cardiac tamponade, Pulmonary embolism, Hypovolemia (Trauma, GI Bleed, ruptured AAA, etc.), or Poisoning, notify ER Physician at 15 minutes CPR/AED, and transport with CPR enroute if directed.
 - * **ASPHYXIAL ARREST**: Asphyxial arrest is due to hypoxia. Causes may include overdose, hanging, airway obstruction, smoke inhalation and drowning. Apply the AED while providing one-person CPR for 5 cycles (about 2 minutes) then analyze.