

# SHOCKABLE RHYTHM

Arrival -0:30

- Fast move to appropriate space and onto mechanical CPR device board (< 30 sec)

Start 0:00

- Establish chest compressions 100-120/min, depth 2-2.4"
- Attach AED or monitor
- Deliver first shock using hover-shock-compress technique
- Prepare O2, BVM, and OPA
- Attach NC with EtCO2 if 2nd O2 source available
- Early advanced airway only if unable to ventilate with BVM and adjuncts
- Begin ventilations every 10th compression

01:50

- Push analyze (AED mode) or precharge defibrillator (manual mode) and prepare for compressor switch

02:00

- Compressor switch (Role 1 and 2)
- Pulse check
- Deliver shock if appropriate using hover-shock-compress technique
- Provide ventilations and high-quality compressions
- Establish IV (IO for peds) (Role 3)
- Deliver first epinephrine

03:50

- Push analyze (AED mode) or precharge defibrillator (manual mode) and prepare for compressor switch

04:00

- Compressor switch (Role 1 and 2)
- Pulse check
- Deliver shock if appropriate using hover-shock compress technique
- Initiate mechanical CPR if indicated

Duration of code

- Analyze rhythm or pre-charge defibrillator 10 seconds before compressor switch
- Compressor switches every 2 minutes
- Pulse checks and defibrillation if indicated every 2 minutes
- Meds: IV amiodarone 300mg, followed by epinephrine every 4 minutes
- May give additional amiodarone 150mg and magnesium if indicated
- If 5 rescuers are present (or 4 with AutoPulse), endotracheal tube may be placed after 4 minutes of CPR
- If fewer than 5 rescuers (or 4 with AutoPulse) are present, supraglottic airway may be placed by Airway provider after 4 minutes of CPR and first epinephrine given
- Asynchronous ventilations every 6 seconds after advanced airway placed
- Continuous EtCO2 monitoring after advanced airway placed
- If iGel used, place OG to maximize compliance
- Evaluate Hs and Ts
- Transport decision per Initiation and Termination of Resuscitation Protocol
- If ROSC is achieved, stabilize oxygenation, ventilation, and hemodynamics before move to transport

# NON-SHOCKABLE RHYTHM

Arrival -0:30

- Fast move to appropriate space and onto mechanical CPR device board (< 30 sec)

Start 0:00

- Establish chest compressions 100-120/min, depth 2-2.4"
- Attach AED or monitor
- Prepare O2, BVM, and OPA
- Attach NC with EtCO2 if 2nd O2 source available
- Early advanced airway only if unable to ventilate with BVM and adjuncts
- Begin ventilations every 10th compression

01:50

- Push analyze (AED mode) or precharge defibrillator (manual mode) in case of rhythm change and prepare for compressor switch

02:00

- Compressor switch (Role 1 and 2)
- Pulse check
- Provide ventilations and high-quality compressions
- Establish IV (IO for peds) (Role 3 or 4, depending on number of rescuers)
- Deliver first epinephrine

03:50

- Push analyze (AED mode) or precharge defibrillator (manual mode) in case of rhythm change and prepare for compressor switch

04:00

- Compressor switch (Role 1 and 2)
- Pulse check
- Initiate mechanical CPR if indicated

Duration of code

- Analyze rhythm or pre-charge defibrillator 10 seconds before compressor switch
- Compressor switches every 2 minutes
- Pulse checks and defibrillation if indicated every 2 minutes
- Meds: IV epinephrine every 4 minutes
- If 5 rescuers are present (or 4 with AutoPulse), endotracheal tube may be placed after 4 minutes of CPR
- If fewer than 5 rescuers (or 4 with AutoPulse) are present, supraglottic airway may be placed by Airway provider after 4 minutes of CPR and first epinephrine given
- Asynchronous ventilations every 6 seconds after advanced airway placed
- Continuous EtCO2 monitoring after advanced airway placed
- If iGel used, place OG to maximize compliance
- Evaluated Hs and Ts
- Transport decision per Initiation and Termination of Resuscitation Protocol
- If ROSC is achieved, stabilize oxygenation, ventilation, and hemodynamics before move to transport

# HP-CPR ROLE MAP



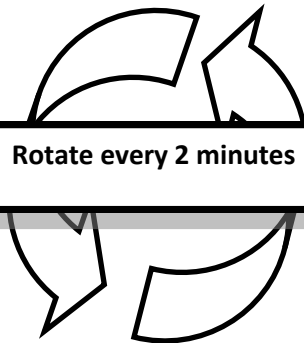
## 2. ROLE: BLS Airway/Ventilation

- Initial airway assessment
- Provide respirations with BVM and 100% O<sub>2</sub>
- Place airway adjuncts
- Apneic oxygenation/EtCO<sub>2</sub> via NC if second O<sub>2</sub> source is available
- Place early advanced airway only if unable to ventilate with NPA/OPA
- Run monitor/AED
- Establish supraglottic airway if no 5th provider is anticipated

## 5. ROLE: Advanced Airway

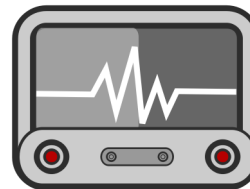
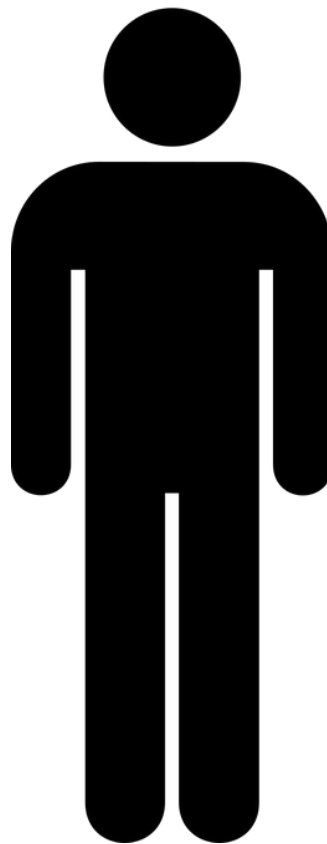
- Prepare advanced airway equipment
- Work with BLS Airway/Ventilation provider to establish advanced airway
- Ensure SpO<sub>2</sub> and EtCO<sub>2</sub> monitoring are in place
- May run monitor or rotate into compressions after advanced airway established

Rotate every 2 minutes



## 1. ROLE: Chest Compressions

- Provide high-quality chest compressions
- Additional EMS providers, law enforcement officers and trained bystanders may rotate into this role



## 4. ROLE: IV and Meds

- Establish IV (adult) or IO (peds)
- Draw up and administer medications



## 3. ROLE: Team Lead

- Oversees the resuscitation
- Attaches monitor and delivers first shock if part of first crew on scene
- May establish IV and administer 1mg of epinephrine if part of first (3-person) crew on scene, and continue to administer medications if long delay to additional rescuers is anticipated
- Should otherwise stand back and avoid tasks
- Keep time
- Provide feedback on CPR quality
- Communicate with team members and arriving units to assign roles