

Kittitas County EMS Division

2010 HCP Resuscitation Protocol Changes

(Protocols are subject to change. Always follow current protocols.)

- Always start with chest compressions when initiating CPR and following defibrillation attempts. (CAB = Compressions, Airway, Breathing)
- After initial pulse check, the only time a pulse check is needed is if the patient starts to move. Do not check pulse before analyzing or after shock!
- Compressions should be given at a rate of **at least** 100/min. Each set of 30 compressions should take approximately 18 seconds or less.
- Compression Rates **at least** Adults & Children = 2 inches & Infants = 1 ½
(Children & infants approximately 1/3 depth of the chest)
- **Do not stop compressions for ventilations during CPR**, except on the first attempt to ventilate to assure a patent airway (chest rise). Subsequent ventilations during CPR (30/2 or 15/2) will have to be administered over 3-5 compressions. (county specific)
- AED ASAP with a minimum of 30 compression to prime the heart and 5 cycles of CPR is still the goal between shock attempts (analyze).
- BLS providers should not transport/rendezvous with a Cardiac Arrest patient unless a pulse is obtained with a BP of >60. If a pulse is detected during resuscitation but systolic blood pressure is < 60, resume CPR. If ALS is not en route or available, contact medical control for transport direction.

Points of Emphasis

- Compression/ventilation ratio has not changed for adults and pediatrics.
 - Adults (1 or 2 rescuers) -- 30/2
 - Pediatrics (1 rescuer) – 30/2
 - Pediatrics (2 rescuers) – 15/2
- If at anytime 3 consecutive “no shocks” are advised and there is no pulse, continue CPR without interruption until medics arrive. If medics are not available, continue shock attempts every 2 minutes and contact medical control.
- See attached AHA HCP Algorithms for Adult, Pediatrics, and Newborn.

Medical Program Director

Date:

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2010 BLS Resuscitation Protocol Changes/Protocols.doc