

Kittitas County EMS Division

2010 HCP Resuscitation Protocol Changes

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

- 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.
- Always start with chest compressions when initiating CPR and following defibrillation attempts.
- 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!
- 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

DO NOT STOP COMPRESSIONS TO VENTILATE!

- Two minutes of CPR is still the goal before AED analyzing and between shock attempts.
- 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.