

**CARDIAC ARREST
OVERVIEW (GENERAL GUIDELINES)
(MEDICAL ETIOLOGY, NON-TRAUMA RELATED)**

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Information Needed:

- History of arrest:
 - Witnessed collapse-time down and preceding symptoms
 - Unwitnessed collapse-time down and preceding symptoms if known
 - Bystander CPR and treatments, including first responder defibrillation, prior to arrival
- Past medical history: diagnoses, medications
- Scene: evidence of drugs, hypothermia, trauma, DNR or POLST form or medallion, nursing home or hospice patient

Objective Findings:

- Unconscious with agonal or absent ventilations
- Absence of pulse (carotid or brachial)
- Signs of trauma or blood loss (see Trauma Evaluation and Management)
- Rigor; fixed dependent lividity (see Guidelines for Determining Death in the Field)
- Air and skin temperature

Treatment:

- Automatic External Defibrillator if available and shock as appropriate
- Start CPR
- Monitor cardiac rhythm and treat dysrhythmia according to appropriate protocol

Precautions and Comments:

- Ensure that effective CPR continues while advanced skills are carried out
- Remove any nitroglycerin patch to avoid further vasodilation during cardiac arrest and to prevent potential hazard if defibrillation becomes necessary
- If patient is hypothermic, transport may be indicated to rewarm patient in a hospital setting prior to termination of efforts
- Consider termination of efforts if there is no response to ALS measures. (see Guidelines for Determining Death in the Field)
- Provide grief support and referrals to on-site survivors as appropriate
- Note: When confirming tube placement with an end-tidal CO₂ detector, most asystole patients will have a color change but there may be a false negative

reading (e.g. no color change although tube is in the trachea) if the patient has been down for some time. Revisualize the ET tube to verify placement and use the esophageal detection device.