



## High Performance CPR Triangle of Life Procedure

The following outlines the procedure for High Performance (HP) CPR with two, three, four, and five-person response crews.

### **2-Person Rescuer Response (Ambulance only first)-assumes EMT & Paramedic.**

**Rescuer 1:** (EMT) Shake & shout, no pulse check, open airway, move to floor in an area where a 5-person crew would have adequate space, and begin compressions.

**Rescuer 2:** (Paramedic) If available, activate metronome at 110 bpm, cut shirt, attach defibrillator pads, charge, analyze and defibrillate if needed. Assemble BVM with EtCO<sub>2</sub> and deliver ventilation with every 10<sup>th</sup> compression on the upstroke. While analyzing the monitor, switch with the compressor. Defibrillate immediately if shockable rhythm (needs to be a paramedic). Switch doing compressions with Rescuer 1 every 2 minutes.

### **3-Person Rescuer Response (Engine or Truck Company first)-assumes only one Paramedic; crew discretion if more than one.**

**Rescuer 1:** (EMT) Shake & shout, no pulse check, open airway, move to floor in an area where a 5-person crew would have adequate space, and begin compressions.

**Rescuer 2:** (EMT) If available, activate metronome at 110 bpm, cut shirt, attach defibrillator pads. Deliver ventilation every 10<sup>th</sup> compression on the upstroke. Switch doing compressions with Rescuer 1 every 2 minutes

**Rescuer 3:** (Paramedic) Assemble BVM with EtCO<sub>2</sub>, use 2-thumbs up technique to maintain mask seal, and coach compressions. Defibrillate immediately if shockable rhythm (needs to be a paramedic). Paramedic should assess for fatigue in the compressor role.

### **4-Person Rescuer Response (At least two Paramedics).**

**Rescuer 1:** (EMT) Shake & shout, no pulse check, open airway, move to floor in an area where a 5-person crew would have adequate space, and begin compressions.

APPROVED:

A handwritten signature in blue ink, appearing to read "Nancy Lapolla".  
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Nancy A. Lapolla, MPH, EMS DirectorA handwritten signature in blue ink, appearing to read "Greg Gilbert".  
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Greg H. Gilbert, MD, EMS Medical Director

**Rescuer 2:** (EMT) If available, activate metronome at 110 bpm, cut shirt, attach defibrillator pads. Deliver ventilation every 10<sup>th</sup> compression on the upstroke. Switch doing compressions with Rescuer 1 every 2 minutes

**Rescuer 3:** (Paramedic) Assemble BVM with EtCO<sub>2</sub>, use 2-thumbs up technique to maintain mask seal, and coach compressions. Defibrillate immediately if shockable rhythm (needs to be a paramedic). Paramedic should assess for fatigue in the compressor role.

**Rescuer 4:** (Paramedic) Follows direction of Rescuer 3. ALS: IV/IO, medications, advanced airway as needed, BLS airway may be fine. If intubating, do not stop compressions. Gather pertinent information and medications from witnesses/family. May need to rotate into compressor role.

### **5-Person Rescuer Response (At least two paramedics).**

**Rescuer 1:** (EMT) Shake & shout, no pulse check, open airway, move to floor in an area where a 5-person crew would have adequate space, and begin compressions.

**Rescuer 2:** (EMT) If available, activate metronome at 110 bpm, cut shirt, attach defibrillator pads. Deliver ventilation every 10<sup>th</sup> compression on the upstroke. Switch doing compressions with Rescuer 1 every 2 minutes.

**Rescuer 3:** (Paramedic) Assemble BVM with EtCO<sub>2</sub>, use 2-thumbs up technique to maintain mask seal, and coach compressions. Defibrillate immediately if shockable rhythm (needs to be a paramedic). Paramedic should assess for fatigue with the compressor role

**Rescuer 4:** (Paramedic) Follows direction of Rescuer 3. ALS: IV/IO, medication, advanced airway as needed, BLS airway may be fine. If intubating, do not stop compressions. Gather pertinent information and medications from witnesses/family. May need to rotate into compressor role.

#### **Rescuer 5 or Additional Rescuer either EMT or Paramedic:**

Follows direction of Rescuer 3. Gather pertinent information and medications from witnesses/family. May need to rotate into compressor role.

### **TEAM PRIORITIES**

- Know your role. Coach others on their role as needed, especially Rescuer 3. Rescuer 3 should assess for fatigue in the compressor role.
- Initially move the patient to a place where resuscitation can be performed. Make sure patient is in a place that can accommodate 5 Rescuers.
- Do not stop chest compressions for more than 3 seconds.
- Proper positioning with the triangle of life.
- Continuous chest compressions using a metronome set at 110 bpm, if available.
- Synchronized ventilations of approximately 100 ml during the 10<sup>th</sup> upstroke of compressions.
- Charge the defibrillator during the 18<sup>th</sup> cycle of CPR - this will allow time to be ready to defibrillate at the 2-minute cycle. Dump the charge if a non-shockable rhythm.
- 30 minute resuscitation on scene unless pulses present.

- Monitor perfusion with capnography.
- IO route is likely to provide the quickest route for medications.
- Two cycles of 2 minute CPR would be 4 minutes for timing of administering Epinephrine every 3-5 minutes.
- Once pulses are present then an approved mechanical compression device can be applied and used during transport as needed or if resources are critically limited due to proximity of the responding incoming unit(s).
- An organized rhythm on the monitor with an EtCO<sub>2</sub> >20mmhg may indicate the presence of a pulse.
- This procedure supersedes Operations 10, Section 3.
- An advanced airway and either an IV or IO should be established prior to ceasing resuscitation unless unable after attempts per protocol.
- The Base Hospital can be contacted any time there is a question about clinical care.