1. Continue CPR with minimal interruption.

**NOTE:** IN ARRESTS WITNESSED BY EMS, PERFORM CPR UNTIL DEFIBRILLATOR IS ATTACHED

IN ARRESTS NOT WITNESSED BY EMS, PERFORM TWO (2) MINUTES OF CPR PRIOR TO DEFIBRILLATOR USE

2. Defibrillate using the maximum joule setting possible (may vary depending on the defibrillator in use).

**NOTE:** IF PATIENT HAS A PERMANENT PACEMAKER IN PLACE, POSITION THE PADDLES OR AUTOMATED DEFIBRILLATOR PADS AT LEAST ONE (1) INCH AWAY FROM THE PACEMAKER DEVICE.

3. Continue CPR. If after two minutes of additional CPR if there is no change in the rhythm, Defibrillate a 2nd time as previously stated.

4. Continue CPR. If after two minutes of additional CPR if there is no change in the rhythm, Defibrillate a 3rd time as previously stated.

5. Perform Endotracheal Intubation.

6. If, after every two minute interval of additional CPR, there is no change in the rhythm, Defibrillate as previously stated.

7. Initiate IV / IO access using at least an 18g device.

8. Begin rapid IV/IO infusion of ice-cold (4° Celsius) Normal Saline (30cc/kg, maximum 2 liters) utilizing a 300mmHg pressure infusion sleeve.


10. If there is no change in the rhythm, administer Amiodarone 300mg, diluted up to a total of 20mL of D5W, IV / IO / Saline Lock bolus.

11. If there is no change in the rhythm within 3 – 5 minutes after the administration of Vasopressin, administer Epinephrine 1 mg (10 ml of a 1:10,000 solution), IV/IO/Saline Lock bolus, every 3 – 5 minutes.

12. If there is insufficient improvement in hemodynamic status, contact Medical Control for implementation of one or more of the following MEDICAL CONTROL OPTIONS:
MEDICAL CONTROL OPTIONS:

OPTION A: If Ventricular Fibrillation or Pulseless Ventricular Tachycardia recurs, a repeat dose of 150 mg Amiodarone diluted up to a total of 10 ml D$_5$W, IV/IO/Saline Lock Bolus may be given.

OPTION B: Administer Sodium Bicarbonate 44-88 mEq IV/IO/Saline Lock bolus. Repeat doses of Sodium Bicarbonate 44 mEq, IV/IO/Saline Lock bolus, may be given every 10 minutes.

OPTION C: Administer Magnesium Sulfate 2 gm, IV/IO/Saline Lock bolus, diluted in 10 ml of Normal Saline (0.9% NS), over 2 minutes.

OPTION D: In cases of hyperkalemia or Calcium Channel Blocker overdose administer Calcium Chloride (CaCl$_2$) 1 gm, SLOWLY, IV/IO/Saline Lock bolus. Follow with a Normal Saline (0.9% NS) flush.

OPTION E: Transportation Decision.
1. Continue CPR with minimal interruption.

2. If a tension pneumothorax is suspected, perform Needle Decompression. (See Appendix O.)

3. Perform Endotracheal Intubation.

4. Initiate IV/IO access using at least an 18g device.

5. Begin rapid IV/IO infusion of ice-cold (4°C Celsius) Normal Saline (30cc/kg, maximum 2 liters) utilizing a 300mmHg pressure infusion sleeve.

6. Administer Vasopressin 40 units IV/IO/Saline Lock Bolus, single dose.

7. Administer Dextrose 25 gm (50 ml of a 50% solution), IV/Saline Lock bolus.

8. If there is no change in the rhythm within 3 – 5 minutes after administration of Vasopressin, administer Epinephrine 1 mg (10 ml of a 1:10,000 solution), IV/IO/Saline Lock bolus, every 3 – 5 minutes.

9. If the patient has a heart rate (based on rhythm strip) less than 60 beats/min, administer Atropine Sulfate 1 mg, IV/IO/Saline Lock bolus. If the heart rate, remains less than 60 bpm, repeat Atropine Sulfate 1 mg, IV/IO/Saline Lock bolus, every 3 – 5 minutes. (Maximum total dosage is 3 mg.)

10. If there is insufficient improvement in hemodynamic status, contact Medical Control for implementation of one or more of the following MEDICAL CONTROL OPTIONS:

MEDICAL CONTROL OPTIONS:

**OPTION A:** Administer Sodium Bicarbonate 44-88 mEq IV/IO/Saline Lock bolus. Repeat doses of Sodium Bicarbonate 44 mEq, IV/IO/Saline Lock bolus, may be given every 10 minutes.

**OPTION B:** In cases of hyperkalemia or Calcium Channel Blocker overdose administer Calcium Chloride (CaCl₂) 1 gm, SLOWLY, IV/IO/Saline Lock bolus. Follow with a Normal Saline (0.9% NS) flush.

**OPTION C:** Begin rapid IV/IO/Saline Lock infusion of Normal Saline (0.9% NS), up to three (3) liters.

**OPTION D:** Transportation Decision.
1. Perform, record, and evaluate a 12-lead EKG.

2. If the patient is intubated, ensure adequate ventilation to maintain a waveform Capnography values between 35-45 mmHg.

3. Administer Dopamine 5 ug/kg/min, IV/Saline Lock drip to maintain a systolic blood pressure >90mmHg. If there is insufficient improvement in hemodynamic status, the infusion rate may be increased until the desired therapeutic effects are achieved or adverse effects appear. (Maximum dosage is 20 ug/kg/min, IV/Saline Lock drip.)

4. If the patient is NOT awake and NOT able to follow commands:
   a. If IV/IO access has not been established prior to ROSC, initiate IV access using at least an 18g device.
   b. Begin/continue infusion of ice cold (4°C Celsius) normal saline via IV / IO to a total of 30cc/kg (maximum total volume = 2 liters).
   c. Administer Midazolam 0.1mg/kg IV / IO (maximum dose 2mg) for active shivering and/or agitation.

5. Initiate transport.

6. If the nearest 911 receiving facility is not a Cardiac Arrest Center, contact OLMC to request selective transport to the nearest Cardiac Arrest Center.
   a. If the 12-lead EKG performed meets STEMI criteria, contact OLMC to request selective transport to a Cardiac Arrest Center that is also capable of performing PCI.

NOTE: OLMC APPROVAL IS REQUIRED FOR ALL STEMI TRANSPORTS, EVEN WHEN THE NEAREST 911 RECEIVING FACILITY IS ALSO A STEMI CENTER, INCLUDING 12-LEAD EKG TRANSMISSION.

7. Contact Medical Control for implementation of one or more of the following MEDICAL CONTROL OPTIONS:

MEDICAL CONTROL OPTIONS:

OPTION A: For shivering prophylaxis or treatment, administer Fentanyl 1mcg/kg IV/IO (maximum dose 100mcg).