2-Person Pit Crew Example (BLS)

POSITION 1 (BLS - Team Leader)
- Assess patient and start CPR
- Alternate 100 compressions with Position 2
- Analyze/Shock immediately after every 200 compressions
  - Insert Naso/oropharyngeal airway
  - Apply oxygen via NRB mask or BVM
  - Ventilate in off cycle every 15 compressions

POSITION 2 (BLS)
- Attach AED
- Alternate 100 compressions with Position 1
  *Compress while AED is charging
- Ventilate in off cycle every 15 compressions

KEY
Black = General Cardiac Arrest Protocol-Adult (331A)
Blue = Per agency policy, optional.

Note: Ventilation is not necessary during the first 800 compressions (4 compressions/shock cycles) except when there is a respiratory/hypoxic cause to the cardiac arrest (e.g. drowning) and after the initial 800 compressions. For agencies with mechanical CPR devices, these must not be applied until after the first 800 compressions. For pediatric patient ≤14 years old, provide CPR with 15:2 compressions to ventilations and follow protocol #331P.
2-Person Pit Crew Example
(BLS and ALS)

POSITION 1 (ALS - Team Leader)
- Assess patient and start CPR
- Alternate 100 compressions with Position 2
- Rhythm check/Shock immediately after every 200 compressions (charge during last 25 compressions of cycle)
  - Insert Naso/oropharyngeal airway
  - Apply oxygen via NRB mask or BVM
- IO/IV access
- EPINEPHrine ASAP and every 400 compressions
- Amiodarone if VF/VT after first shock
  - Ventilate in off cycle every 15 compressions

POSITION 2 (BLS)
- Attach monitor/defibrillator pads
- Alternate 100 compressions with Position 1
  * Compress while defibrillator is charging
- Ventilate in off cycle every 15 compressions

Note: Ventilation is not necessary during the first 800 compressions (4 compression/shock cycles) except when there is a respiratory/hypoxic cause to the cardiac arrest (e.g. drowning) and after the initial 800 compressions. Intubation is not a necessity and should be avoided during the first 800 compressions. For pediatric patient ≤14 years old, provide CPR with 15:2 compressions and follow protocol #3031P.

KEY
Black = General Cardiac Arrest Protocol-Adult (331A/3031A).
Blue = Per agency policy, optional.
3-Person Pit Crew Example (BLS)

**POSITION 3 (BLS)**
- Insert Naso/oropharyngeal airway
  - Apply oxygen via NRB mask or BVM
  - Hold BVM mask to face
    (2 thumbs up/ 2 person technique)

**POSITION 2 (BLS)**
- Attach AED
- Alternate 100 compressions with Position 1
  *Compress while AED is charging
- Ventilate in off cycle every 15 compressions

**POSITION 1 (BLS)**
- Assess patient and start CPR
- Alternate 100 compressions with Position 2
  - Analyze/Shock immediately after every 200 compressions
  - Ventilate in off cycle every 15 compressions

**KEY**
- **Black** = General Cardiac Arrest Protocol-Adult (331A)
- **Blue** = Per agency policy, optional

Note: Ventilation is not necessary during the first 800 compressions (4 compressions/shock cycles) except when there is a respiratory/hypoxic cause to the cardiac arrest (e.g. drowning) and after the initial 800 compressions. For agencies with mechanical CPR devices, these must not be applied until after the first 800 compressions. For pediatric patient ≤14 years old, provide CPR with 15:2 compressions to ventilations and follow protocol #331P.
3-Person Pit Crew Example
(2 BLS and 1 ALS)

POSITION 3 (ALS Team Leader)
- Insert Naso/oropharyngeal or alternative airway
- Apply Oxygen
- Monitor capnography, if ventilating
- Attach ITD
- Analyze/Shock immediately after every 200 compressions (charge during last 25 compressions of cycle)
- IO/IV access
- EPINEPHrine ASAP and every 400 compressions.
- Amiodarone if VF/VT after first shock
- Consider treatable causes
- Run CPR checklist

POSITION 2 (BLS)
- Attach monitor/defibrillator pads
- Alternate 100 compressions with Position 1
  * Compress while defibrillator is charging
- Ventilate in off cycle every 15 compressions

POSITION 1 (BLS)
- Assess patient and start CPR
- Alternate 100 compressions with Position 2
- Ventilate in off cycle every 15 compressions

KEY
Black = General Cardiac Arrest Protocol-Adult (331A/3031A).
Blue = Per agency policy, optional.
Alt Airway = King LT or Combitube

Note: Ventilation is not necessary during the first 800 compressions (4 compression/shock cycles) except when there is a respiratory/hypoxic cause to the cardiac arrest (e.g. drowning) and after the initial 800 compressions. Intubation is not a necessity and should be avoided during the first 800 compressions. For pediatric patient ≤ 14 years old, provide CPR with 15:2 compressions and follow protocol #3031P.
**4-Person Pit Crew CPR Example**  
(2 BLS and 2 ALS)

**POSITION 3 (ALS)**
- Insert Naso/oropharyngeal or alternative airway
- Apply oxygen
- Rhythm check/Shock immediately after each 200 compressions (charge during last 25 compressions of cycle)
- Hold BVM mask to face (2 thumbs up/2 person technique)
- Monitor capnography, if ventilating
- Attach ITD

**POSITION 2 (BLS)**
- Attach monitor/defibrillator pads
- Alternate 100 compressions with Position 1
- Ventilate in off cycle every 15 compressions

**POSITION 4 (ALS Team Leader)**
- Start IO/IV
- EPINEPHrine ASAP then every 400 compressions
- Amiodarone if VF/VT after first shock
- Consider treatable causes
- Run CPR checklist

**POSITION 1 (BLS)**
- Assess patient and start CPR
- Alternate 100 compressions with Position 2
- Ventilate in off cycle every 15 compressions

**KEY**
- **Black** = General Cardiac Arrest Protocol-Adult (331A/3031A).
- **Blue** = Per agency policy, optional.
- **Alt Airway** = King LT or Combitube

Note: Ventilation is not necessary during the first 800 compressions (4 compression/shock cycles) except when there is a respiratory/hypoxic cause to the cardiac arrest (e.g., drowning) and after the initial 800 compressions. Intubation is not a necessity and should be avoided during the first 800 compressions. For pediatric patients ≤14 years old, provide CPR with 15:2 compressions and follow protocol #3031P.
**POSITION 3 (BLS)**
- Insert Naso/oropharyngeal or alternative airway
- If alternative airway in place, ventilate every 15 compressions
- Apply oxygen via NRB mask or BVM
- Hold BVM mask to face (2 thumbs up/ 2 person technique)
- Monitor capnography, if ventilating

**POSITION 2 (BLS)**
- Attach monitor/defibrillator pads.
- Alternate 100 compressions with Position 1
- Ventilate in off cycle every 15 compressions

**POSITION 1 (BLS)**
- Assess patient and start CPR
- Alternate 100 compressions with Position 2
- Ventilate in off cycle every 15 compressions

**POSITION 4 (ALS Team Leader)**
- Rhythm check/Shock immediately after every 200 compressions (charge during last 25 compressions of cycle)
- Start IO/IV
- EPINEPHrine ASAP then every 400 compressions
- Amiodarone if VF/VT after first shock
- Consider treatable causes
- Run CPR checklist
  - Insert alternative airway
  - Attach ITD

**KEY**
- **Black** = General Cardiac Arrest Protocol-Adult (331A/3031A).
- **Blue** = Per agency policy, optional.
- **Alt Airway** = King LT or Combitube

Note: Ventilation is not necessary during the first 800 compressions (4 compression/shock cycles) except when there is a respiratory/hypoxic cause to the cardiac arrest (e.g. drowning) and after the initial 800 compressions. Intubation is not a necessity and should be avoided during the first 800 compressions. For pediatric patients ≤14 years old, provide CPR with 15:2 compressions and follow protocol #3031P.
5 Person Pit Crew CPR Example
(2 BLS and 3 ALS)

POSITION 1 (BLS)
- Assess patient and start CPR
- Alternate 100 compressions with Position 2
- Ventilate in off cycle every 15 compressions

POSITION 2 (BLS)
- Attach monitor/defibrillator pads
- Alternate 100 compressions with Position 1
- Ventilate in off cycle every 15 compressions

POSITION 3 (ALS)
- Insert Naso/oropharyngeal or alternative airway
- If alternative airway in place, ventilate every 15 compressions
- Apply oxygen via NRB mask or BVM
- Hold BVM mask to face (2 thumbs up/ 2 person technique)
- Monitor capnography, if ventilating
- Attach ITD

POSITION 4 (ALS)
- Start IO/IV
- EPINEPHrine ASAP then every 400 compressions
- Amiodarone if VF/VT after first shock
- Administer medications as indicated

POSITION 5 (ALS Team Leader)
- Rhythm check/Shock immediately after every 200 compressions
  (charge during last 25 compressions of cycle)
- Consider treatable causes
- Run CPR checklist

KEY
Black = General Cardiac Arrest Protocol-Adult (331A/3031A).
Blue = Per agency policy, optional.
Alt Airway = King LT or Combitube

Note: Ventilation is not necessary during the first 800 compressions (4 compression/shock cycles) except when there is a respiratory/hypoxic cause to the cardiac arrest (e.g. drowning) and after the initial 800 compressions. Incubation is not a necessity and should be avoided during the first 800 compressions. For pediatric patients <14 years old, provide CPR with 15:2 compressions and follow protocol #3031P.
6-Person Pit Crew CPR Example
(2 BLS and 4 ALS)

POSITION 1 (BLS)
- Assess patient and start CPR
- Alternate 100 compressions with Position 2
- Ventilate in off cycle every 15 compressions

POSITION 2 (BLS)
- Attach monitor/defibrillator pads
- Alternate 100 compressions with Position 1
- Ventilate in off cycle every 15 compressions

POSITION 3 (ALS)
- Insert Naso/oropharyngeal or alternative airway
- If alternative airway in place, ventilate every 15 compressions
- Apply oxygen via NRB mask or BVM
- Hold BVM mask to face (2 thumbs up/2 person technique)
- Monitor capnography, if ventilating
- Attach ITD

POSITION 4 (ALS)
- Start IO/IV
- EPINEPHrine ASAP then every 400 compressions
- Amiodarone if VF/VT after first shock
- Administer medications as indicated

POSITION 5 (ALS)
- Rhythm check/Shock immediately after every 200 compressions (charge during last 25 compressions of cycle)

POSITION 6 (ALS Team Leader)
- Consider treatable causes
- Run CPR checklist
- Communicate with family

KEY
Black = General Cardiac Arrest Protocol-Adult (331A/3031A).
Blue = Per agency policy, optional.
Alt Airway = King LT or Combitube

Note: Ventilation is not necessary during the first 800 compressions (4 compression/shock cycles) except when there is a respiratory/hypoxic cause to the cardiac arrest (e.g., drowning) and after the initial 800 compressions. Intubation is not a necessity and should be avoided during the first 800 compressions. For pediatric patient ≤14 years old, provide CPR with 15:2 compressions and follow protocol #3031P.