

EMS Cardiac Arrest Checklist

- Continuous compressions, lift palms off of chest
- If pediatric ≤ 14 year old, 15:2 CPR ratio
- CPR feedback device/ metronome turned on
- Code Leader is identified
- Monitor is visible, all leads attached, and a dedicated provider is viewing rhythm
- O₂ cylinder with adequate oxygen is attached
- ETCO₂ waveform is present and value is being monitored
- Avoid hyperventilation
- IO or IV access obtained

Consider:

- Tension PTX
- Hypovolemia
- Hypothermia leading to cardiac arrest
- If dialysis patient, consider Hyperkalemia
- If infant/toddler, consider Hypoglycemia

- Gastric distension is not a factor

- Family is receiving care and is at the patient's side

- Mask travels with bag-valve no matter what airway is in place

EMS Post-ROSC Checklist

(Before moving patient)

- If SBP < 110, augment with IV NSS bolus and pressor drip
- Obtain 12-lead ECG
- Titrate O₂ to SpO₂ between 95 – 99%
- Monitor continuous ETCO₂ and ventilation rate if advanced airway
- Mask travels with bag-valve no matter what airway is in place
- Package on backboard/firm surface
- Is transport to center capable of PCI and hypothermia possible?

BLS Field Termination Criteria

(MUST meet all 3 AND receive order from Medical Command Physician)

- Arrest NOT witnessed by EMS personnel, AND
- No ROSC/return of pulse (prior to transport), AND
- No AED shock was delivered (prior to transport)