

## High Functioning CPR Team Medical Director's Checklist

### General Sudden Cardiac Arrest Protocol

EMS Agency: \_\_\_\_\_

Medical Director Name: \_\_\_\_\_

Regional EMS Council: \_\_\_\_\_

To be completed and authorized by Medical Director prior to Provider Training

**CPR Quality:** Monitor and Feedback Equipment

Is your agency currently using monitors with feedback devices for CPR quality improvement measures?

- Yes
- No

If yes, check device that you are currently using:

- Philips Q CPR
- Zoll Pocket CPR
- Physio Control LP with Metronome
- Other: \_\_\_\_\_

**Airway:** Airway during initial 800 compressions:

- Nasopharyngeal/oropharyngeal airway
- King LT
- Combitube

**Ventilations:** Ventilations during initial 800 compressions:

- No ventilation (but passive oxygen with NRB)
- Ventilate at 1 ventilation/ 15 compressions without pausing the compressions
  - With BVM
  - Via alternative airway like King LT or Combitube

ITD on BVM /alternative airway:

- Yes
- No

**Vascular Access**

- IO as first attempt unless contraindicated
- Attempt IV before IO if possible

**Medications:** Antidysrhythmic of choice:

- Lidocaine
- Amiodarone

**Medical Director Signature:**

**Date:**

\_\_\_\_\_  
3/28/13

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