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 QCPR
☐ 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