

AC01 Adult Emergency Cardiac Care

Objectives:

- Early recognition and appropriate intervention of pulseless / apneic adult patients

General Information:

- During CPR
 - a) Push hard and fast (100/min)
 - b) Ensure full chest recoil
 - c) Minimize interruptions in compressions
 - d) One cycle of CPR: 30 compressions then 2 breaths; 5 cycles – 2 min
 - e) Rotate compressors every 2 min
 - f) Avoid hyperventilation
 - g) Check rhythm every 2 minutes
 - h) After an advanced airway is placed, rescuers no longer deliver “cycles” of CPR
 - i) Give continuous chest compressions without pauses for breaths
 - ii) Give 8-10 breaths/min
- AED use
 - a) Follow the voice prompts of your agency or department's AED
 - b) Contraindications to AED
 - i) Rigor/Livor Mortis
 - ii) No Code/DNR situations
 - c) If patient successfully regains a pulse, maintain airway and ventilations as necessary and continue to monitor a pulse

*If patient becomes pulseless during transport, start CPR, STOP VEHICLE, analyze



Warnings/Alerts:

- CPR may still be required in the presence of an organized cardiac rhythm
- It is the responsibility of the provider delivering the shock to ensure that no one is touching the patient prior to the shock delivery
- Failure to stop a moving vehicle during AED analysis may lead to inappropriate defibrillation
- The following conditions need to be addressed prior to defibrillation:
 - a) Patient in standing water
 - b) Patients with transdermal medications

OMD Notes:

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References:

Brady 10th Edition 2005 page 392
AHA BLS Healthcare Provider

Performance Indicators:

Onset of Arrest Time	Initial Rhythm	Bystander/FR CPR/AED
Time of Initial Defibrillation	Consistency of CPR	Changes in EKG Rhythm
Patient Packaging	Patient Disposition	

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