# 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:

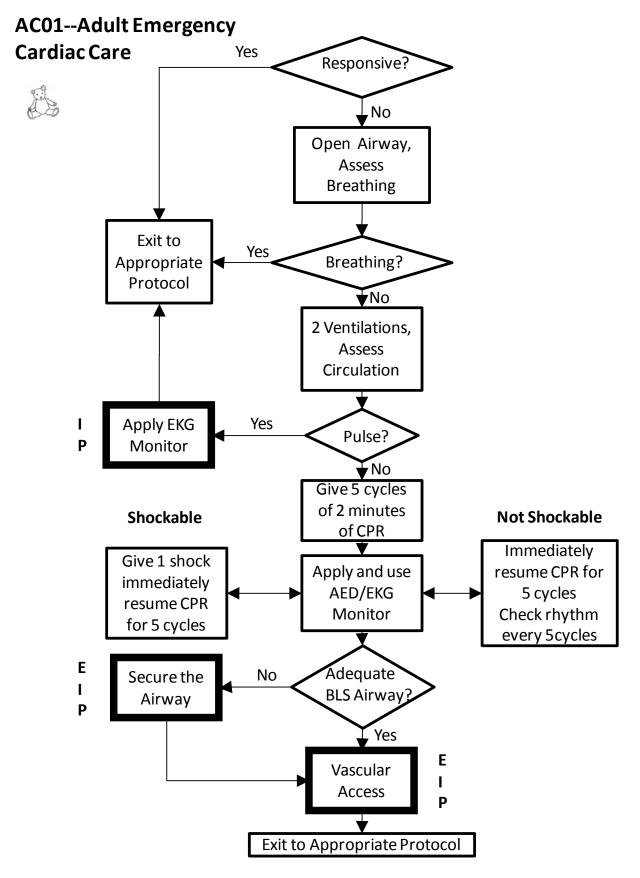
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**References:** Brady 10<sup>th</sup> Edition 2005 page 392 AHA BLS Healthcare Provider

### **Performance Indicators:**

Onset of Arrest Time	Initial Rhythm	Bystander/FF
Time of Initial Defibrillation	Consistency of CPR	Changes in E
Patient Packaging	Patient Disposition	U U

Bystander/FR CPR/AED Changes in EKG Rhythm



SOP Center