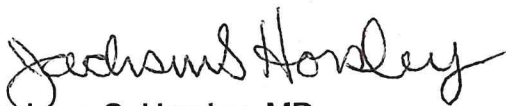


Kittitas County EMS Division

2020 HCP Resuscitation Protocols

(Protocols are subject to change. Always follow current protocols.)

- Always start with chest compressions when initiating CPR and following defibrillation attempts. (CAB = Compressions, Airway, Breathing)
- After initial pulse check, the only time a pulse check is needed is if the patient starts to move. Do not waste time checking pulse before analyzing or after shock!
- Compressions should be given at a rate of **100-120/min**. Each set of 30 compressions should take approximately **15-18 seconds**.
- Compression depth **Adults = 2-2.4 inches**, Children = 2 in. & Infants = 1 ½ in. (children & infants approximately 1/3 depth of the chest)
- Kittitas County - **Do not stop compressions for ventilations during CPR**, except on the first attempt to ventilate to assure a patent airway (chest rise) and newborn. Subsequent ventilations during CPR (30/2 or 15/2) should be administered over 3-5 compressions.
- AED –
 - **Witnessed – Apply AED ASAP** (continue CPR while applying if possible)
 - Unwitnessed – Approx. 30 compressions to prime the heart (15-18 secs)
 - 5 cycles (= 2 min.) of CPR is the goal between analyzing attempts.
- Kittitas County - BLS providers should not transport/rendevvous with a Cardiac Arrest patient unless a pulse is obtained with a BP of >60. If a pulse is detected during resuscitation but systolic blood pressure is < 60, resume CPR. If ALS is not in route or available, contact medical control for transport direction.
- Compression/ventilation ratio for adults and pediatrics:
 - Adults (1 or 2 rescuers) – 30/2
 - Pediatrics (1 rescuer) – 30/2
 - Pediatrics (2 rescuers) – 15/2
- If at anytime 3 consecutive “no shocks” are advised and there is no pulse, continue CPR without interruption until ALS arrives. If ALS is not available, continue shock attempts every 2 minutes and contact medical control for direction.
- Additional oxygenation can be provided via nasal cannula 10-15 lt. under BVM.
- See attached 2020 AHA HCP Guidelines for Adult, Pediatrics, and Newborn.


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Medical Program Director

3/24/21
Date:

**Kittitas County Prehospital Protocols: 2020 AHA Healthcare Provider Guidelines
Comparison Across Age Groups for Resuscitation Interventions (rev. 2/2021)**

CPR/Rescue Breathing Maneuver	Adult and Older Child (Adolescent and older)	Child (1 year to adolescent)	Infant (<1 y old)	Newly Born (28 days neonate)
ACTIVATE Emergency Response Number (lone rescuer – send someone if available)	Request resources/AED If asphyxial arrest likely, request after 5 cycles (2 minutes) of CPR	Request resources/AED. For sudden collapse, AED If unwitnessed, activate after performing 5 cycles of CPR. (Carry victim to phone while performing CPR if possible or bring phone to victim.)		
CIRCULATION: Initial pulse check only & if movement (< 10 seconds)	Simultaneously check pulse/obvious signs of life/resources Carotid (Can use femoral in child)	Same	Brachial or femoral	Umbilical/Stethoscope
Compression landmarks Minimize interruptions	Between nipples, just below nipple line (lower ½ sternum)		Just below nipple line	Lower half of sternum (1 finger width below intermammary line)
Compression method Push hard and fast Allow complete recoil every time	2 Hands: Heel of one hand, other hand on top, lock fingers 1 Hand: Heel of 1 hand only At least 1/3 diam. of chest	1 or 2 rescuer: 2 fingers or 2 thumb-encircling hands		2 fingers or 2 thumb-encircling hands for 1-2-rescuer trained providers ≈1/3 the depth of the chest for newly born
Compression depth Minimize interruptions	2-2.4in (5-6 cm) depth			
Compression rate Minimize interruptions	100-120/min (Each set of 30 compressions should take approximately 15-18 seconds)			≈ 120 events/min (90 compressions/30 breaths)
Compression : ventilation ratio Don't stop compressions for ventilations unless cause	30:2 (single rescuer-over 15-18 seconds) 15:2 (2 rescuers-over 7-9 seconds)			3:1 (1 or 2 rescuers) (stop to ventilate)
AIRWAY Minimize interruptions	Jaw Thrust to open airway whenever possible, especially with trauma patients (If jaw thrust not successful, use head tilt-chin lift)			
BREATHS:	2 breaths at 1 second/breath (Always start with compressions followed by 2 breaths) DO NOT OVER VENTILATE – Stop ventilation once you see chest rise			2 effective breaths at 1 second/breath 30 to 60 breaths/min (approx.) Stop w/chest rise
Rescue breathing w/o chest compressions when pulse present: Avoid excessive ventilations	10 breaths/min. (approximately 1 breath every 6 seconds)	20-30 breaths/min. (approximately 1 breath every 2-3 seconds)		(stop to ventilate w/o advanced airway)
Rescue breaths for CPR with advanced airway:	8-10 breaths/min. (approx. 1 breath every 6 sec.)	8-10 breaths/min. (approx. 1 breath every 6 seconds)		
Foreign-body airway obstruction (No blind finger sweeps on any patient.)	Conscious Pts. -- Abdominal thrusts (standing or sitting) Unconscious Pts. -- CPR w/FBAO check before ventilations		C – 5 Back slaps and 5 chest thrusts UC -- CPR w/FBAO ✓	C – 5 Back slaps and 5 chest thrusts UC -- CPR w/FBAO ✓
Continue compressions while AED is charging! Witnessed = AED ASAP	Use adult pads. Do not use child pads/child system. For unwitnessed, provide at least 30 compressions (15-18 secs)	Use AED ASAP for sudden collapse. Use pediatric pads/system for 1-8 years. If not available, use adult pads.	If PM not available, AED w/ped pads/system. If neither, use adult pads.	N/A