

Kittitas County EMS Division

2015 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/rendezvous 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.
- See attached 2015 AHA HCP Guidelines for Adult, Pediatrics, and Newborn.

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Date: _____

Kittitas County Prehospital Protocols: 2015 AHA Healthcare Provider Guidelines Comparison Across Age Groups for Resuscitation Interventions (rev. 6/2016)

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 <i>Emergency Response Number</i> (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	1 rescuer: 2 fingers encircling hands 2 rescuers: 2 thumb-encircling hands	1 rescuer: 2 fingers 2 rescuers: 2 thumb-encircling hands	2 fingers or 2 thumb-encircling hands for 2-rescuer trained providers
Compression depth Minimize interruptions	2-2.4in (5-6 cm) depth	At least 1/3 diam. of chest 2 in (5-6 cm) depth	At least 1/3 diam. of chest 1 ½ in. depth (4 cm)	≈ 1/3 the depth of the chest for newly born
Compression rate Minimize interruptions	(Each set of 30 compressions should take approximately 15-18 seconds) 100-120/min			≈ 120 events/min (90 compressions/30 breaths)
Compression : ventilation ratio Don't stop compressions for ventilations unless cause AIRWAY	30:2 (1 or 2 rescuers)	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)
Minimize interruptions	(If suspected trauma, use jaw thrust. If jaw thrust not successful, use head tilt-chin lift)	Head tilt-chin lift		
BREATHS: Observe for obvious signs of life/normal breathing during pulse check (< 10 sec.) If breathing adequately, place in recovery position and recheck pulse every 2 minutes.	2 breaths at 1 second/breath (Always start with compressions followed by 2 breaths) Stop w/ chest rise	2 effective breaths at 1 second/breath (Always start with compressions followed by 2 breaths) Stop w/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: Avoid excessive ventilations	10-12 breaths/min. (approximately 1 breath every 5-6 seconds)	12-20 breaths/min. (approximately 1 breath every 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.) AED	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.	Manual defib is preferred. If PM not available, AED w/ped pads/system. If neither, use adult pads.	N/A