



EMS System for Metropolitan Oklahoma City and Tulsa 2021 Medical Control Board Treatment Protocols

Approved 9/9/20, Effective 1/15/21, replaces all prior versions



EMS SECTION

4A - RESUSCITATION (CPR) ADULT & PEDIATRIC

- TREATMENT PRIORITIES:**
1. Circulatory support
 - > Apply ResQCPR® within 2 minutes
 - > Chest compression rate 80/min ResQCPR®
 - > Chest compression rate 110/min standard CPR
 - > Appropriate compression depth & full recoil
 - > Limit pauses in compressions
 - > Timely defibrillation (if indicated)
 - > Utilize Res-Q-Pod®
 2. Oxygenation/Ventilation support
 - > Avoid hyperventilation in rate & volume
 - > Use waveform capnography (if equipped)

**Mandatory use if patient intubated

EMD
CPR BY EMD INSTRUCTION

- EMERGENCY MEDICAL DISPATCHER**
- EMERGENCY MEDICAL RESPONDER**
- EMT**
- EMT-INTERMEDIATE 85**
- ADVANCED EMT**
- PARAMEDIC**

EMR | **EMT**

POSITION PATIENT FOR EFFECTIVE RESUSCITATION.
FOR ADULT NONTRAUMATIC CARDIAC ARREST ONLY: CHEST COMPRESSIONS AT 80/MINUTE USING ResQCPR®
CHEST COMPRESSIONS AT 110 COMPRESSIONS/MINUTE USING HANDS ONLY
USE METRONOME THROUGHOUT TO GUIDE COMPRESSION RATE
LIMIT PAUSES IN CHEST COMPRESSIONS – AVOID PAUSES WHENEVER PHYSICALLY POSSIBLE.

APPLY AED (OR MANUAL DEFIBRILLATION PADS IF PARAMEDIC PRESENT) PLACE PADS ANTERIOR-POSTERIOR.

IF CARDIAC ARREST DURATION ESTIMATED > 4 MINS AND WITHOUT GOOD QUALITY BYSTANDER CPR,
PERFORM CPR FOR 2 MINUTES PRIOR TO AED/RHYTHM ANALYSIS FOR DEFIBRILLATION DETERMINATION.

IF CARDIAC ARREST DURATION ESTIMATED ≤ 4 MINS, IMMEDIATE AED/RHYTHM ANALYSIS FOR DEFIBRILLATION DETERMINATION.

ADULT: 110 COMPRESSIONS/MINUTE WITH 8-10 VENTILATIONS/MINUTE WITHOUT PAUSE IN COMPRESSIONS.
ATTACH RES-Q-POD® TO BVM.

PEDIATRIC: 15 COMPRESSION : 2 VENTILATION CYCLES WITH 110 COMPRESSIONS/MINUTE RATE
ASYNCHRONOUS 10 VENTILATIONS AND 110 COMPRESSIONS PER MINUTE IF ADVANCED AIRWAY IN PLACE
ATTACH ResQPOD® TO BVM IF PT ≥ 12 YEARS OF AGE AND ESTIMATED WEIGHT ≥ 50 kg.

FOLLOW AED PROMPTS FOR RHYTHM ANALYSIS & DEFIBRILLATION IF INDICATED (USING 2015 AHA STANDARDS).
AFTER AED SHOCK (IF APPLICABLE), IMMEDIATELY RESUME CPR FOR 2 MINUTES.
IF NO AED SHOCK ADVISED, IMMEDIATELY RESUME CPR FOR 2 MINUTES.

EMT OR HIGHER LICENSE ONLY:
PLACE SUPRAGLOTTIC AIRWAY IF INDICATED & ONLY IF BVM VENTILATIONS INEFFECTIVE.
IF RETURN OF SPONTANEOUS CIRCULATION, REFER TO PROTOCOL 4J – POST CARDIAC ARREST TREATMENT

AT 20 MINS OF RESUSCITATIVE MEASURES (IF APPLICABLE):
CONTACT OLMC FOR TERMINATION OF RESUSCITATION CONSULTATION
(IF APPLICABLE PER PROTOCOL 4K - TERMINATION OF RESUSCITATION)

EMT-I85 | **AEMT**

ADULT: INTUBATE AFTER CPR INITIATED – FIRST ATTEMPT WITHOUT PAUSE IN COMPRESSIONS
LIMIT INTUBATION COMPRESSION PAUSE TO MAXIMUM OF 10 SECONDS

IV / IO ACCESS

PARAMEDIC

ASSESS FOR UNDERLYING ETIOLOGY OF CARDIAC ARREST & TREAT PER APPLICABLE PROTOCOL(S)
RHYTHM ANALYSIS AT NEXT APPROPRIATE RHYTHM CHECK
LIMIT RHYTHM ANALYSIS COMPRESSION PAUSE TO MAXIMUM OF 5 SECONDS
RHYTHM SPECIFIC MANAGEMENT PER APPLICABLE PROTOCOL(S) 4F – 4H