



# EMS System for Metropolitan Oklahoma City and Tulsa 2019 Medical Control Board Treatment Protocols



Approved 9/12/18, Effective 1/15/19, replaces all prior versions

## 4J - POST CARDIAC ARREST TREATMENT ADULT & PEDIATRIC

### TREATMENT PRIORITIES

1. Support oxygenation/ventilation. Avoid hyperventilation. Avoid hyperoxemia (when possible).
2. Identify & treat underlying cause of cardiopulmonary arrest.
3. Achieve systolic blood pressure  $\geq 100$  mmHg (Adult) using cold saline and / or vasopressor infusion.
4. Initiate therapeutic induced hypothermia (if applicable – receiving hospital must have capability for same).

### INCLUSION CRITERIA FOR INDUCTION OF HYPOTHERMIA

- AGE  $\geq 18$  YEARS OF AGE
- RETURN OF SPONTANEOUS CIRCULATION
- NON-TRAUMATIC CARDIAC ARREST
- SUPRAGLOTTIC OR INTUBATION AIRWAY IN PLACE
- NO PURPOSEFUL RESPONSE TO PAIN

EMERGENCY MEDICAL  
DISPATCHER

EMERGENCY MEDICAL  
RESPONDER

EMT

ADVANCED EMT

PARAMEDIC

EMR

EMT

GENERAL SUPPORTIVE CARE  
OBTAIN VITAL SIGNS  
O<sub>2</sub> NRB or BVM AS APPLICABLE  
APPLY CARDIAC MONITOR/OBTAIN 12-LEAD ECG (if equipped)  
TRANSMIT 12-LEAD ECG TO RECEIVING EMERGENCY DEPARTMENT

**IF PATIENT MEETS CRITERIA FOR INDUCED HYPOTHERMIA:**  
EXPOSE PATIENT AND COVER WITH SHEET  
PACK AXILLA AND GROIN WITH ICE/COLD PACKS

### EMT OR HIGHER LICENSE ONLY:

MEASURE END-TIDAL CO<sub>2</sub> & MONITOR WAVEFORM CAPNOGRAPHY (if equipped, \*\* Mandatory use if patient intubated)  
PLACE SUPRAGLOTTIC AIRWAY ONLY IF INDICATED & BVM VENTILATIONS INEFFECTIVE

EMT-I85

AEMT

ADULT: INTUBATE IF INDICATED

IV/IO ACCESS

**IF PATIENT MEETS CRITERIA FOR INDUCED HYPOTHERMIA:**  
IV/IO COLD (4 DEGREE CELSIUS) NS 30 mL/kg BOLUS UP TO 1 LITER IF NO SIGNS OF PULMONARY EDEMA

PARAMEDIC

ADULT: MEDICATION ASSISTED INTUBATION IF INDICATED  
INTERPRET ECG/12-LEAD ECG – TREAT PER PROTOCOL 5C - ACUTE CORONARY SYNDROME AND/OR DYSRHYTHMIA PROTOCOL(S) AS APPLICABLE

ADULT: ACHIEVE SYSTOLIC BLOOD PRESSURE MINIMUM OF 100 mmHg  
IV FLUID: NS BOLUS (MAY USE COLD SALINE) UP TO 1 LITER TO ACHIEVE SYS BP  $\geq 100$  mmHg IF NO SIGNS OF PULMONARY EDEMA

NOREPINEPHRINE 2-4 mcg/min IVPB/IOPB IF IV FLUID INEFFECTIVE OR CONTRAINDICATED

OR

DOPAMINE 10-20 mcg/kg/min IVPB/IOPB IF IV FLUID INEFFECTIVE OR CONTRAINDICATED

PEDIATRIC: ACHIEVE MINIMUM SYSTOLIC BLOOD PRESSURE OF (70 + 2 x age in years) mmHg  
IV FLUID: NS BOLUS OF 20 mL/kg UP TO 60 mL/kg IF NO SIGNS OF PULMONARY EDEMA

OLMC CONSULT FOR PHARMACOLOGIC TREATMENT IF IV FLUID INEFFECTIVE OR CONTRAINDICATED

### IF PATIENT MEETS CRITERIA FOR INDUCED HYPOTHERMIA:

SHIVERING CONTROL: MIDAZOLAM 0.1 mg/kg IVPB/IOPB MAXIMUM DOSE 5 mg

CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S)