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September 11, 2015

To: Emergency Medical Responders,  
EMTs, EMT-Intermediates, Advanced EMTs, Paramedics, Executives,  
Chiefs, Officers, Administrative Personnel and MCB Physicians in the  
EMS System for Metropolitan Oklahoma City & Tulsa

From: Jeffrey M. Goodloe, MD, NRP, FACEP

Re: New Protocol Issuance 4L - Intra-Arrest Wakefulness

Thanks to your excellent coordination of resuscitation care and careful attention to chest compression continuity, rates of compression, and rates of ventilation, we are experiencing a relatively new phenomena in cardiac arrest resuscitation: intra-arrest wakefulness. This term describes a patient that is technically awake, often speaking in appropriate comprehensible words and with physical movements in response to near normal cerebral perfusion being achieved with optimal CPR that when chest compressions are stopped, abruptly resumes unconsciousness and cardiac rhythm analysis/pulse check confirms ongoing cardiac arrest.

With the deployment of the ResQCPR System system-wide on October 1, 2015, we anticipate more frequent occurrence of intra-arrest wakefulness due to further improved cardio-cerebral perfusion possibilities. This protocol has been written and has received an expedited Medical Control Board approval and effective date to correspond with the use of the ResQCPR System. Please have all clinical personnel review the protocol prior to October 1, 2015. For clarification, the steps contained in this protocol are specifically for use only in the situations in which intra-arrest wakefulness occurs. Should these specified treatments fail to adequately control the patient's actions, immediately contact the relevant on-line medical control physician for treatment direction.

Dr. G