CARDIAC EMERGENCIES
C-4 Adult Cardiac Arrest (Non-Shockable) Rhythm

This protocol generally mirrors the 2010 American Heart Association Guideline for CPR and ECC. Changes have been made to reflect the current Solano County Paramedic scope of practice.

Begin CPR using the current ECC guidelines
- Administer oxygen;
- Attach monitor.

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Asystole/Pulseless Electrical Activity (PEA).

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CPR for 2 minutes
- IV/IO access;
- Epinephrine 1mg IV/IO every 3-5 minutes;
- Consider advanced airway.

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Shockable Rhythm

YES → Treat patient using the C-3 protocol.

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CPR for 2 minutes
- Treat reversible causes.

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Shockable Rhythm

YES → Treat patient using the C-3 protocol.

NO ↓

Consider field pronouncement if no Return of Spontaneous Circulation (ROSC) after 20 minutes.

For ROSC complete a 12 Lead EKG and transport; if 12 lead EKG positive follow C14 protocol.

Reversible Causes:

- Hypovolemia
- Hypoxia
- Hydrogen ion (acidosis)
- Hypo/Hyperkalemia
- Tension Pneumothorax
- Tamponade
- Toxins
- Thrombosis, pulmonary
- Thrombosis, coronary

Solano County Approved Specific Treatment for Reversible Cause of Cardiac Arrest

- Hypovolemia – Consider an additional 500 ml Normal Saline IV Bolus;
- Hypo/Hyperkalemia – If patient has a history of Renal Failure, administer Calcium Chloride 1gm IV and, after thoroughly flushing IV line administer Sodium Bicarbonate 50 mEq IV;
- Hypothermia – treat possible hypothermia by warming measure;
- Tension pneumothorax – consider needle thoracostomy;
- Toxins – possible tricyclic antidepressants overdosage administer Sodium Bicarbonate 50 mEq IV, 1 time only.

Disrupted Communications

In the event of a “disrupted communications” situation, the paramedic in Solano County may utilize all portions of this treatment protocol necessary to stabilize an immediate patient without Base Hospital contact.