

**CARDIAC ARREST  
PROTOCOL**

**Purpose:** To provide a process for the initial assessment and management of the patient in cardiac arrest. (i.e.; pulseless and apneic)

- M B S P**
- I. Assessment Information**
    - A. Determine unconsciousness, absence of breathing and pulse.
      - 1. If breathing and pulse are absent and a "Do Not Resuscitate" bracelet or order are present, proceed to the "Do Not Resuscitate" policy.
        - a. If a "Do Not Resuscitate" order is not present, continue as below.
  - II. Management**
    - A. Utilize universal precautions.
    - B. Evaluate and maintain airway, provide oxygenation and support ventilation as needed.
    - C. Determine presence or absence of pulse.
      - 1. If pulse is absent and patient is unconscious, initiate or continue CPR and ensure ALS response.
        - a. Follow Electrical Therapy Procedure, if AED equipped. Apply AED and defibrillate as soon as cardiac arrest is identified.
        - b. Transport
        - c. Obtain vascular access.
      - 2. If pulse is absent and patient is unconscious, use monitor-defibrillator to determine rhythm.
        - a. If rhythm is ventricular fibrillation (VF), go to VF protocol.
        - b. If rhythm is asystole, go to Asystole protocol.
        - c. If rhythm is VT, go to VT protocol.
        - d. If rhythm is PEA, go to PEA protocol.
        - e. If rhythm is unclear, reassess patient and equipment.
      - 3. If pulse is absent and patient is conscious, treat according to shock and the appropriate dysrhythmia protocols.
      - 4. If pulse is present (you're on the wrong page!).
        - a. If rhythm is ventricular tachycardia (VT), go to VT protocol.
        - b. If rhythm is bradycardia or heart block, go to Bradycardia/Heart Block protocol.
        - c. If rhythm is narrow complex tachycardia, go to supraventricular tachycardia (SVT) protocol.
        - d. If rhythm is something other, go to Altered Mental Status Protocol.
      - 5. If pulse is absent and patient displays obvious signs of death, refer to Dead on Scene Policy.

**III. Special Considerations:**

- A. The above steps should occur within 20-30 seconds maximum

**WEST MICHIGAN REGIONAL PROTOCOL**

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- B. All cardiac dysrhythmias should be documented on rhythm strip and attached to agency and hospital copies of run form.

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