



Manhattan Fire Protection District

SOP #: 1104-1	Effective Date: 09/01/17	Revised Date:
Section: EMS		
Subject: Cardiac Arrest Management		

PURPOSE:

The Cardiac Arrest management SOP provides a systematic approach towards patient care. This guideline is designed to improve patient care by providing crew accountability and best utilization of Manhattan Fire Protection District resources. At no time will this guideline supersede medical direction from the Illinois Department of Public Health, Regional Standing Medical Orders or the Project Medical Director.

SCOPE:

This policy applies to all EMS Providers of the Manhattan Fire Protection District

DEFINITIONS:

None

GUIDELINE:

Paramedic In Charge (PIC) is the Medical Manager

Prioritized Responsibilities:

- Apply cardiac monitor, analyze rhythm, defibrillate every 2 minutes as necessary
- Coordinates initial BLS airway with Ambulance Driver-CPR1
- Alternate Quality Compressions with the Ambulance Driver-CPR 1 every 2 minutes
- Initial Time Keeper

Move to foot end of patient when relieved:

- Analyze/monitor cardiac rhythm, defibrillate every 2 minutes as necessary
- Establish IV/IO
- Administer Medications
- Manage /Coordinate procedures
- Communicate with team and Scene Manager

Equipment Responsibilities:

- Jump Bag
- Portable Suction

Ambulance Driver is CPR 1

Prioritized Responsibilities:

- High Quality CPR alternating every 2 minutes
- Perform initial BLS airway management



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Equipment Responsibilities:

- Cardiac Monitor
- Drug Box

Fire Company Officer is the Scene Manager.

Prioritized Responsibilities:

- Provide for safety of the team
- Initial Incident Commander
- Time Keeper
- Obtain medical history, medication history, event history
- Assist with ALS procedures/SMO's as needed
- Directs Support Company
- Attend to family needs

Equipment Responsibilities:

- Clip board
- Cardiac Arrest work sheets
- Stop Watch
- SMO's

Engineer is the Airway Manager

Prioritized Responsibilities:

- Take control of the airway from initial ambulance crew
- Check/maintain BLS airway
- Ventilate patient in coordination with CPR
- Consider/Perform ALS airway if indicated

Equipment Responsibilities

- Backboard

Firefighter is CPR-2

Prioritized Responsibilities:

- High Quality CPR alternating every 2 minutes
- Apply Auto Pulse with the assistance of CPR-2

Equipment Responsibilities:

- Auto Pulse



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Support Company is Fire Company Officer, Engineer, and Firefighter

Prioritized Responsibilities:

- Report to Scene Manager
- Prepare cot and area for patient movement
- Other duties as directed
- Ensure equipment retrieval

Equipment Responsibilities:

- Cot and Backboard
- Other equipment as directed by Scene Manager

Chief becomes the Incident Commander

Prioritized Responsibilities:

- Support Scene Manager
- Support patients family
- Work with Law Enforcement
- Confirm transport decision/destination
- Ensure Fire District coverage

SAFETY CONSIDERATIONS:

The only reason a cardiac arrest patient should be moved before initial care is for safety concerns. A patient should not be moved for convenience or comfort.

SPECIAL CONSIDERATIONS:

10 principles of High Performance CPR

1. Fire Company owns the CPR
2. Minimize interruptions in CPR at all times
3. Ensure proper depth of compressions (>2 inches)
4. Ensure full chest recoil/decompression
5. Ensure proper chest compression rate (100-120/min)
6. Rotate compressors every 2 minutes
7. Hover hands over chest during shock administration and be ready to compress as soon as shock is delivered.
8. Intubate or place advanced airway without interruption of CPR.
9. Place IV or IO with ongoing CPR
10. Coordination and teamwork between Fire Company and Ambulance



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In all EMS incidents, treatment begins at the “bedside”. The best opportunity for a cardiac arrest victim to survive is to have treatment provided at the scene/”bedside”. Initial assessment and treatment must be conducted for the cardiac arrest patient where they are found “Work’em where they lie”. Time is Brain and Heart! Every minute treatment is delayed or interrupted survival success decreases by 10%.

The only reason a cardiac arrest patient should be moved before initial care is for safety concerns. A patient should not be moved for convenience or comfort.

Approved By:

Signature: Daniel Forsythe

Date: 09/01/2017