Team Focused CPR

Criteria for Death / No Resuscitation
Review DNR / MOST Form

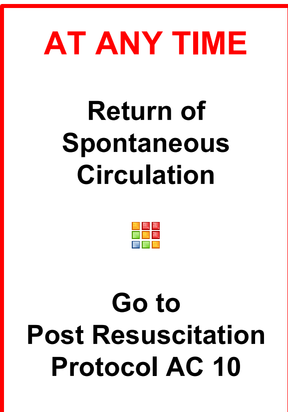
YES →

Decomposition
Rigor mortis
Dependent lividity
Blunt force trauma
Injury incompatible with life
Extended downtime with asystole

Do not begin resuscitation

Follow
Deceased Persons Policy

NO ↓



AT ANY TIME

Return of Spontaneous Circulation

Go to
Post Resuscitation Protocol AC 10

Begin Continuous CPR Compressions
Push Hard (≥ 2 inches)
Push Fast (100 - 120 / min)
Change Compressors every 2 minutes
(sooner if fatigued)
(Limit changes / pulse checks ≤ 10 seconds)

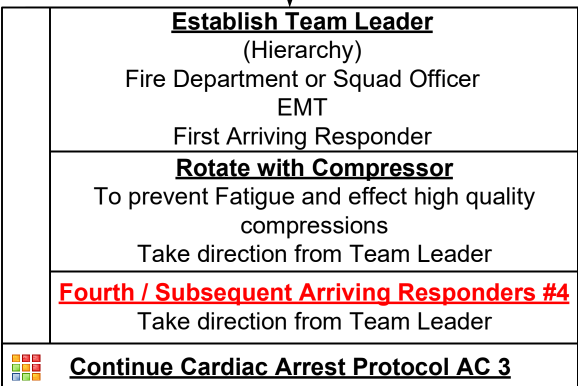
Ventilate 1 breath every 6 seconds
30:2 Compression:Ventilation if no Advanced Airway
Monitor EtCO2
if available

First Arriving BLS / ALS Responder – Position #1
Initiate Compressions Only CPR
Initiate Defibrillation Automated Procedure
if available
Call for additional resources

Second Arriving BLS / ALS Responder– Position #2
Assume Compressions or
Initiate Defibrillation Automated / Manual Procedure
Place BIAD
DO NOT Interrupt Compressions
Ventilate at 6 to 8 breaths per minute

Third Arriving Responder – Position #3
BLS or ALS

BLS



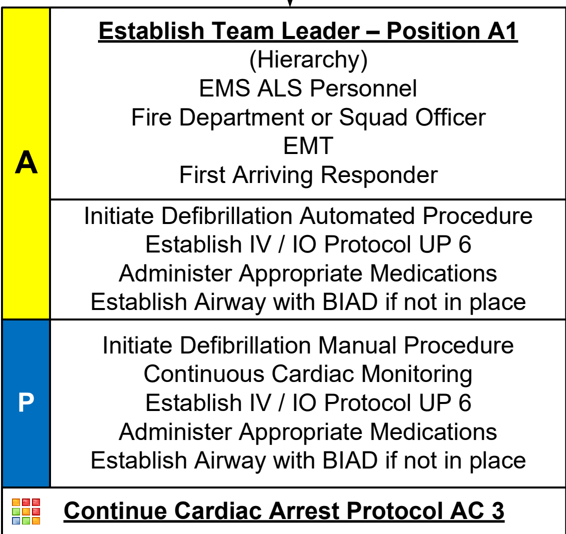
Establish Team Leader
(Hierarchy)
Fire Department or Squad Officer
EMT
First Arriving Responder

Rotate with Compressor
To prevent Fatigue and effect high quality compressions
Take direction from Team Leader

Fourth / Subsequent Arriving Responders #4
Take direction from Team Leader

Continue Cardiac Arrest Protocol AC 3

ALS



Establish Team Leader – Position A1
(Hierarchy)
EMS ALS Personnel
Fire Department or Squad Officer
EMT
First Arriving Responder

A

Initiate Defibrillation Automated Procedure
Establish IV / IO Protocol UP 6
Administer Appropriate Medications
Establish Airway with BIAD if not in place

P

Initiate Defibrillation Manual Procedure
Continuous Cardiac Monitoring
Establish IV / IO Protocol UP 6
Administer Appropriate Medications
Establish Airway with BIAD if not in place

Continue Cardiac Arrest Protocol AC 3

Team Leader
ALS Personnel
Responsible for patient care
Responsible for briefing / counseling family

Incident Commander
Fire Department / First Responder Officer
Team Leader until ALS arrival
Manages Scene / Bystanders
Ensures high-quality compressions
Ensures frequent compressor change
Responsible for briefing family prior to ALS arrival

Team Focused CPR

Position 1
- ❑ Place AED/ Monitor
- ❑ Follow prompts or quickly analyze rhythm. Shock if indicated.
- ❑ Initiate Continuous Compressions

Position 2
- ❑ Alternate compressions
- ❑ Place patient on high flow O2

Position 3
- ❑ BVM, OPA/NPA(s)

Position 4
- ❑ Ensure high-quality CPR

Monitor mechanical CPR device position/placement if applicable
- ❑ Time keeper/recorder

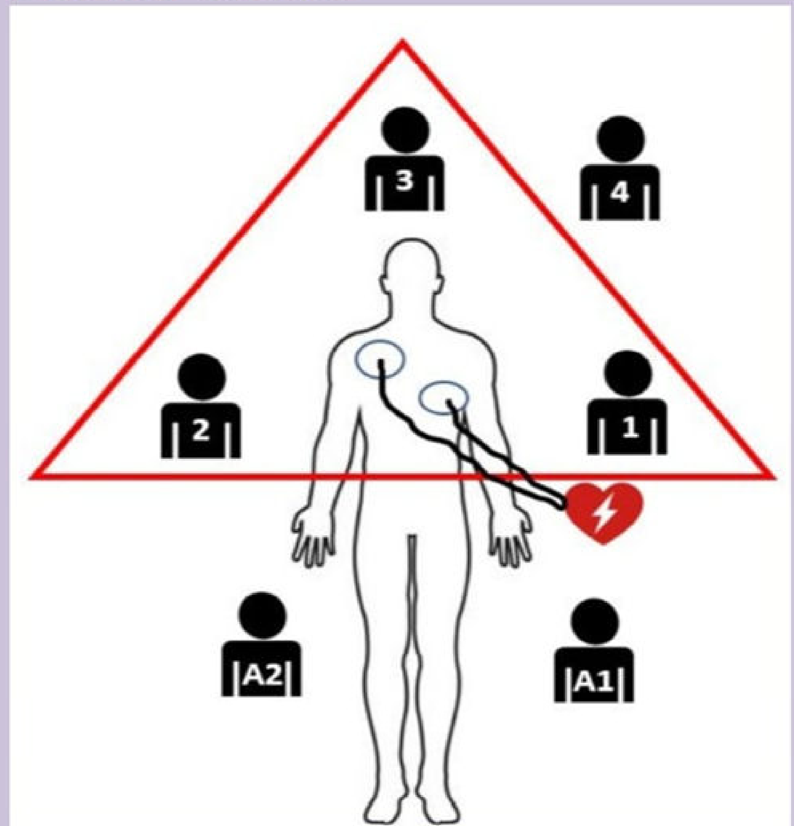
Position A1
- ❑ Cardiac Monitor
- ❑ Prepare for double-sequential defibrillation if applicable
- ❑ Continuous pulse check on femoral
- ❑ May also fill Position 4 role if needed

Position A2
- ❑ Obtain IV / IO Access
- ❑ Administer medications

Fill positions in numerical order.

Limit patient movement, work code where found if there is ample space and it is safe to do so.

Mechanical CPR should not be initiated until positions 1-4 are filled.



Pearls
- **This protocol is optional and given only as an example. Agencies may and are encouraged to develop their own.**
- **Team Focused Approach / Pit-Crew Approach recommended; assigning responders to predetermined tasks. Refer to optional protocol or development of local agency protocol.**
- **Efforts should be directed at high quality and continuous compressions with limited interruptions and early defibrillation when indicated.**
- **DO NOT HYPERVENTILATE: If no advanced airway (BIAD, ETT), compression to ventilation ratio is 30:2. If advanced airway in place, ventilate 10 breaths per minute with continuous, uninterrupted compressions.**
- **Do not interrupt compressions to place endotracheal tube. Consider BIAD first to limit interruptions.**
- **Passive oxygenation optional in agencies practicing Team Focused Approach / Pit-Crew Approach.**
- Reassess and document BIAD and / or endotracheal tube placement and EtCO2 frequently, after every move, and at transfer of care.
- **IV / IO access and drug delivery are secondary to high-quality chest compressions and early defibrillation**.
- **IV access is preferred route. Follow IV or IO Access Protocol UP 6.**
- **<u>Defibrillation:</u>** Follow manufacture's recommendations concerning defibrillation / cardioversion energy when specified.
  - Charge defibrillator during chest compressions, near the end of 2-minute cycle, to decrease peri-shock pause.
  - Following defibrillation, provider should immediately restart chest compressions with no pulse check until end of next cycle.
- Success is based on proper planning and execution. Procedures require space and patient access. Make room to work.
- Discussion with Medical Control can be a valuable tool in developing a differential diagnosis and identifying possible treatment options.