

AED PULSELESS ARREST

TRANSITION OF CARE FROM AED TO ALS

HPI	Signs & Symptoms	Possible Causes	
<ul style="list-style-type: none"> • Witnessed vs unwitnessed • Last known well • PTA AED use • Bystander CPR • Suspected etiology • PMH 	<ul style="list-style-type: none"> • Pulseless • Apneic • No signs of rigor or lividity • No findings of signs incompatible with life 	<ul style="list-style-type: none"> • Hypovolemia • Hypoxia • Acidosis • Hyper/o-kalemia • Hypothermia • Hypoglycemia 	<ul style="list-style-type: none"> • Toxins/Overdose • Cardiac tamponade • Acute coronary syndrome • Pulmonary embolism • Tension Pneumo

UNIVERSAL EMERGENCY CARDIAC CARE

	EMR	EMT	PM
1. Assess responsiveness, pulse, and breathing for no more than 10 seconds.	•	•	•
2. If no pulse and not breathing/gasping - begin CPR 30:2 compressions to ventilations for a 2 min. cycle	•	•	•
3. Place monitor/defibrillator immediately as staffing allows.	•	•	•
4. Follow prompts to analyze rhythm. Follow prompts for shockable or non-shockable. Continue CPR 2 min.	•	•	•

ARRIVAL OF ALS PERSONNEL

5. Obtain report from AED personnel	•
6. Allow AED to finish cycle, attach monitor/defibrillator before disconnecting AED	•
7. Perform rhythm interpretation and refer appropriate protocol: Adult V.Fib/Pulseless V.Tach or Adult Asystole/PEA	•
8. Obtain vascular access IV/IO	•
9. Consider advanced airway: ETT	•
or i-Gel. Monitor placement with Capnography. Deliver 1 breath/6 sec.	•

NOTE:

1. Subsequent ALS defibrillation should be at maximum joules. ALS should consider the shocks delivered by the AED PTA to be part of the ALS protocol.
2. A pediatric dose-attenuator system is preferred for pediatrics age 1 to 8 years old, however, a standard AED may be used if none is available.
3. For infants <1 years old, manual selection defibrillation is preferred, however a pediatric dose-attenuator may be used. A standard AED may be used if neither is available.
4. **Patient movement during cardiac arrest resuscitation should only occur under the following circumstances:**
 - [ROSC](#)
 - environmental/provider safety concerns
 - extenuating circumstances (pediatric)

Contact **OLMC** for request to transport in any other situation.

5. If arrest suspected to be opioid related, naloxone delivery should be considered during resuscitation. It should not delay/interrupt CPR and ventilation.