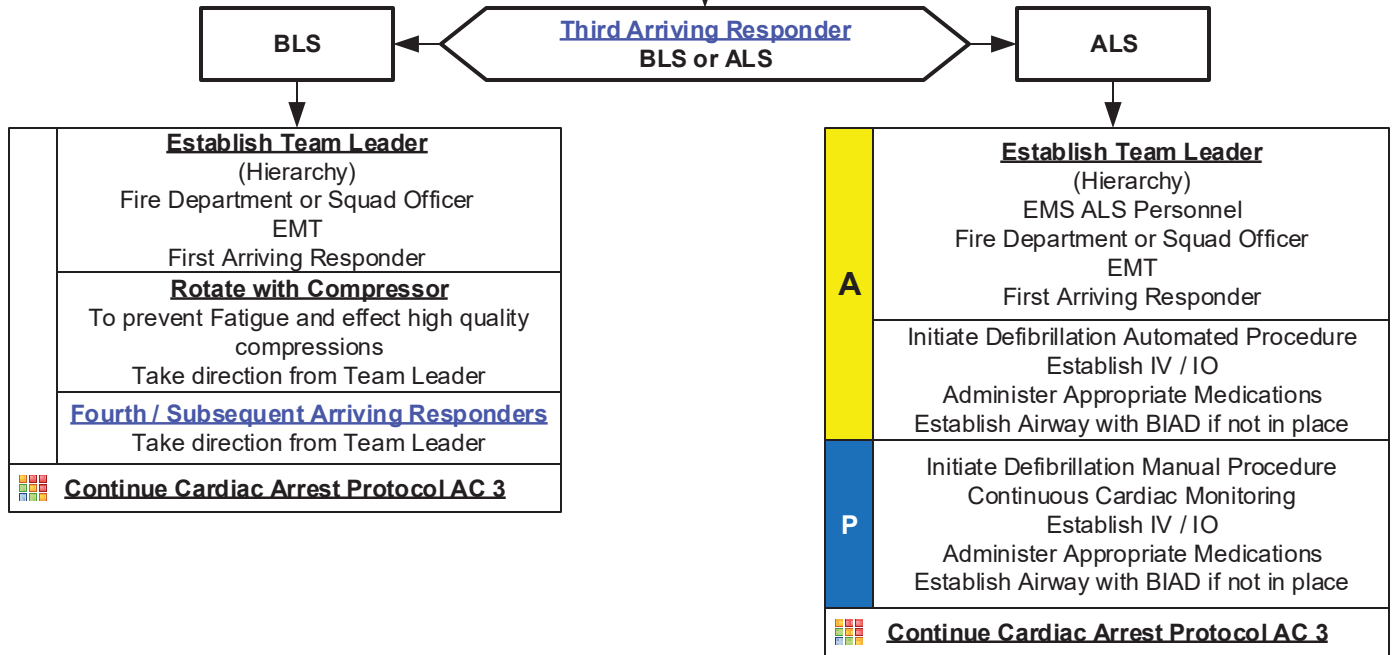
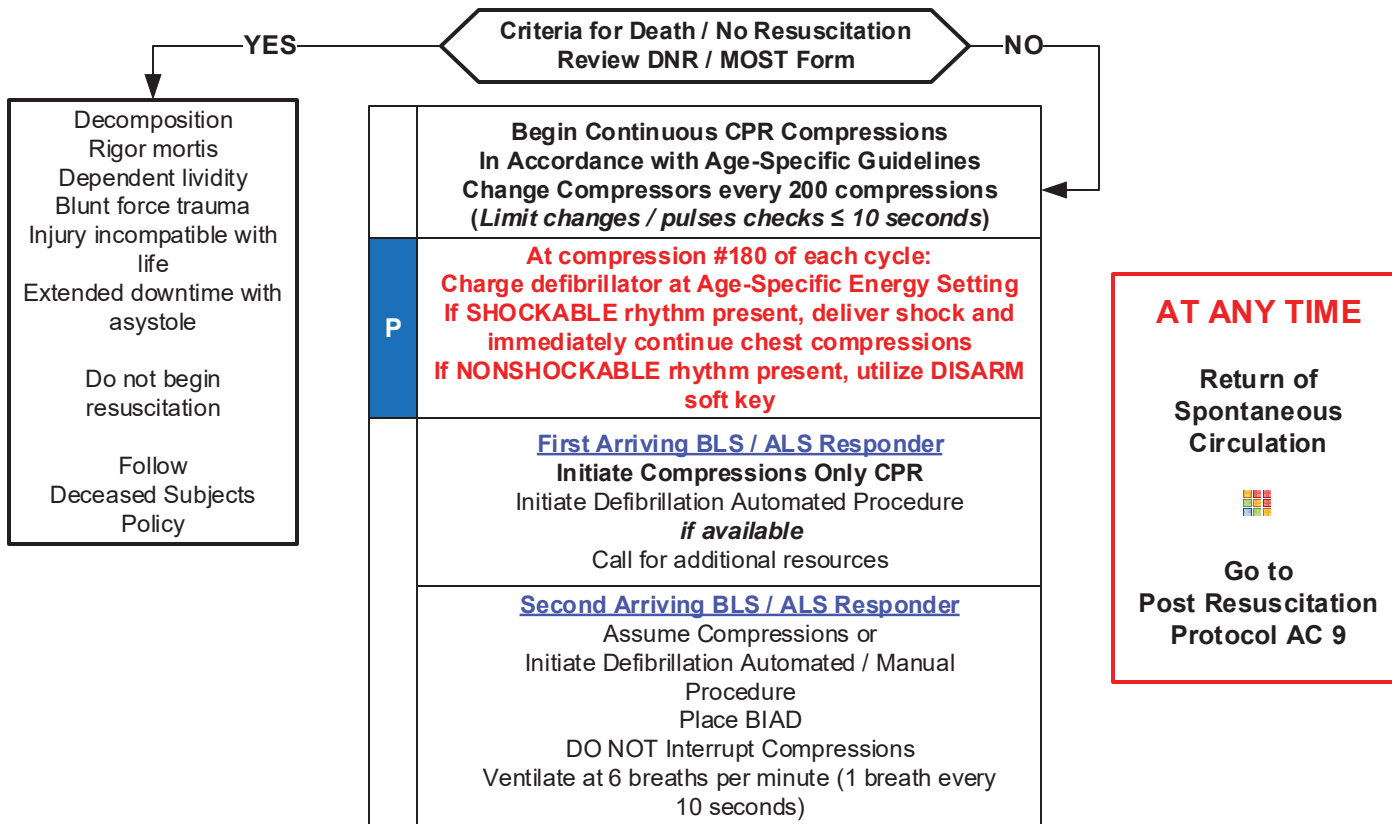


# Team Focused CPR ADULT and PEDIATRIC



**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

Adult Cardiac Protocol Section

# Team Focused CPR

## ADULT and PEDIATRIC



Unless the scene or social environment provides a safety hazard to the crew, responders should "work the code" where they find the patient. Space is required for the team to work effectively and safely. Make room to work.

Quality of CPR has been found to be much less effective in a moving ambulance. For the best chance of success CPR should be performed where the patient is found, continuously, with minimal interruptions and with as little movement of the patient as possible.

Anticipate needed equipment and carry to the patient's side on arrival.

The "CPR Triangle" encompasses the patients head and upper torso. This area should be limited to those responders performing compressions and airway management.

Initiate airway management with placement of BIAD after second shock/2 rounds of compressions if adequate personnel are available. If BIAD has been placed by first responder and adequate ventilations are being performed, continue to use the device in place.

Once adequate responders are on the scene, the Team Leader should position themselves outside the "CPR Triangle". In addition to coordinating patient care, the Team Leader is responsible for briefing/counseling the family.

To prevent fatigue and help ensure quality, rotate compressors utilizing additional personnel as needed.

ALS personnel responsible for IV/IO access, medication administration or monitor/defibrillator operation should position themselves outside the "CPR Triangle" near the patient's legs.

After the first few rounds of high quality CPR and obtaining the history of the incident, the ALS Team Leader will make the decision to transport only after identifying reversible causes of arrest that require immediate intervention beyond the Union EMS Scope of Practice. Rationale for transport with CPR in progress must be thoroughly documented in the PCR. Good decisions on speed and handling of the patient and vehicle are necessary to maintain effective CPR.

Any patient under 18 y/o follow Team Focused CPR Protocol as you carefully prepare for transport, maintaining high quality CPR.

Transport of any patient with CPR in progress will be routine to the closest facility.

Any arrest during transport-reduce to routine traffic and divert to the closest facility while maintaining high quality CPR.

If additional help is needed, stop, call for resources and once adequate help is available, continue routine to the closest facility.

If the patient arrests in a public place, consider the environment and if necessary carefully move the patient to the unit.

Follow Team Focused CPR Protocol including transport to the closest facility.

Refer to Policy 6, Discontinuation of Prehospital Resuscitation, for criteria to discontinue efforts if no return of spontaneous circulation.

Resuscitation attempts in Adult Cardiac Arrest should continue up to 45 minutes on scene or until ROSC is achieved.



Resuscitation attempts in Pediatric Cardiac Arrest should continue for 20 minutes on scene or until ROSC is achieved. All Pediatric Cardiac Arrest patients should be transported.

### Pearls

- **Efforts should be directed at high quality and continuous compressions with limited interruptions and early defibrillation when indicated. Consider early IO placement if available and difficult IV anticipated.**
- **DO NOT HYPERVENTILATE: Ventilate at 1 breath every 10 seconds with continuous, uninterrupted compressions.**
- Do not interrupt compressions to place endotracheal tube. Consider BIAD first to limit interruptions.
- Success is based on proper planning and execution. Procedures require space and patient access. Make room to work.