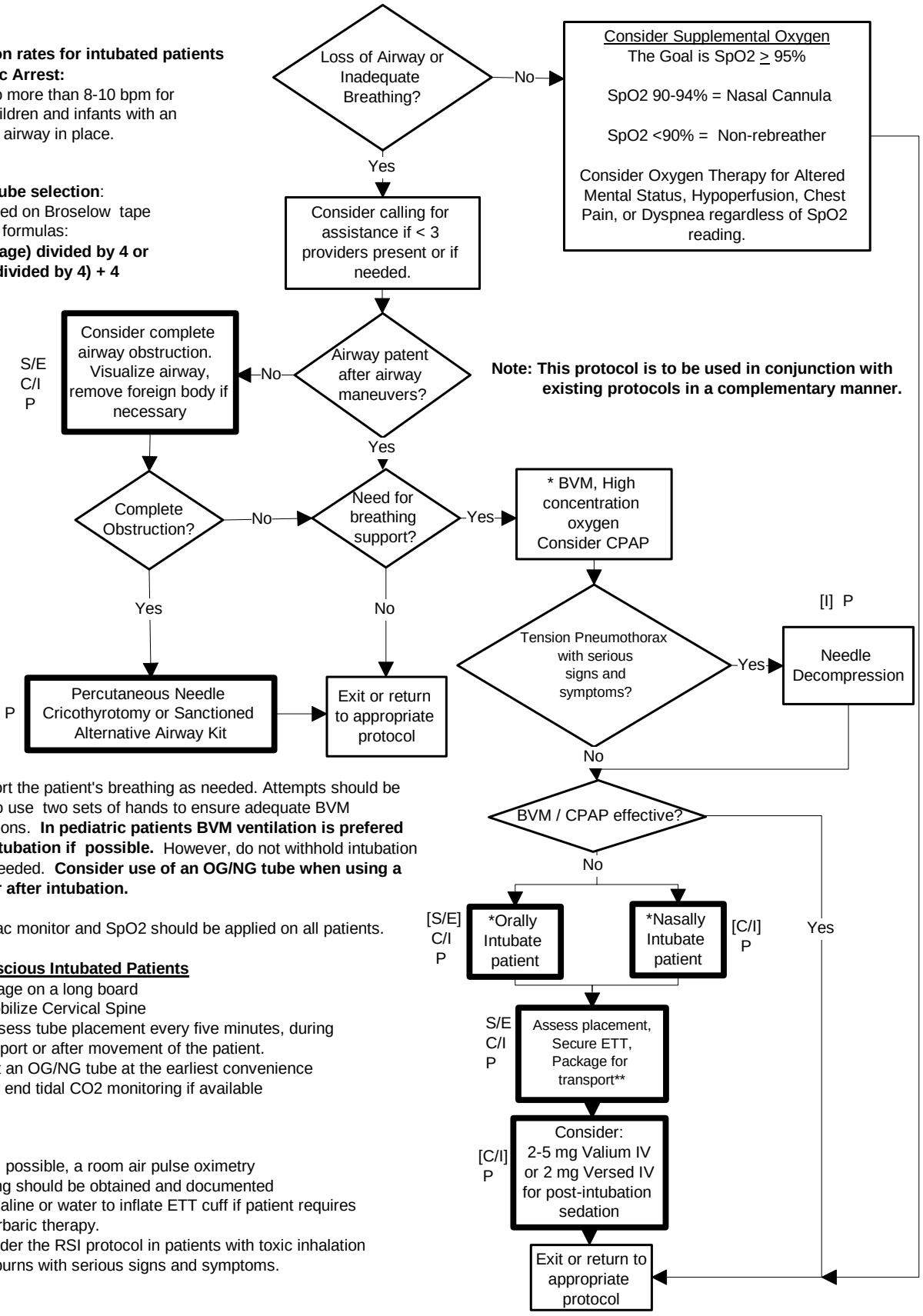
Airway/Oxygenation/Ventilation

Ventilation rates for intubated patients in Cardiac Arrest:
Deliver no more than 8-10 bpm for adults, children and infants with an advanced airway in place.

Pediatric tube selection:
- As indicated on Broselow tape
- Using the formulas:
  (**16 + age) divided by 4 or**
  (**age divided by 4) + 4**



Note: This protocol is to be used in conjunction with existing protocols in a complementary manner.

* Support the patient's breathing as needed. Attempts should be made to use two sets of hands to ensure adequate BVM ventilations. **In pediatric patients BVM ventilation is prefered over intubation if possible.** However, do not withhold intubation if it is needed. **Consider use of an OG/NG tube when using a BVM or after intubation.**

* Cardiac monitor and SpO2 should be applied on all patients.

Unconscious Intubated Patients
- Package on a long board
- Immobilize Cervical Spine
- Reassess tube placement every five minutes, during transport or after movement of the patient.
- Insert an OG/NG tube at the earliest convenience
- Apply end tidal CO2 monitoring if available

Note:
- When possible, a room air pulse oximetry reading should be obtained and documented
- Use saline or water to inflate ETT cuff if patient requires hyperbaric therapy.
- Consider the RSI protocol in patients with toxic inhalation and burns with serious signs and symptoms.

Performance Indicators

Initial & Ongoing SpO2 Confirmation Of ETT Documentation Of Breath Sounds Use Of CPAP
Application Of Oxygen Use Of OG/NG Tube Use Of Secondary Airway Patient Packaging

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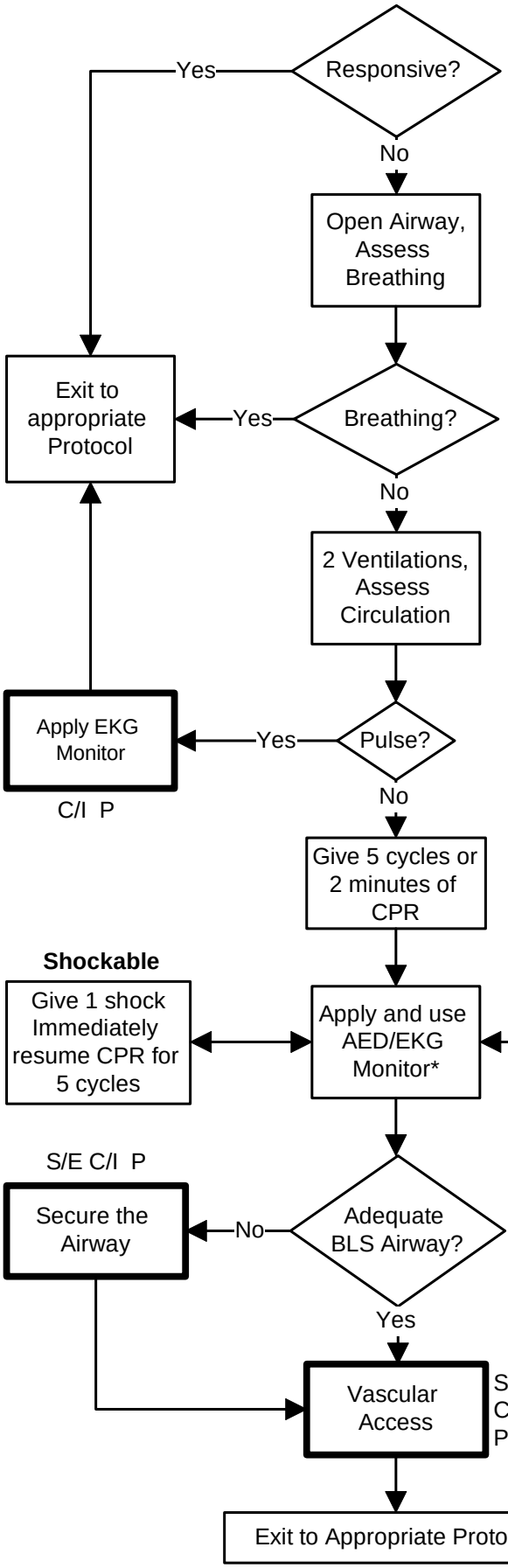
Adult Emergency Cardiac Care



During CPR:

-Push hard and fast (100/min)

-Ensure full chest recoil

-Minimize interruptions in compressions

-One cycle of CPR: 30 compressions then 2 breaths; 5 cycles = 2 min

-Avoid hyperventilation

-After an advanced airway is placed, rescuers no longer deliver "cycles" of CPR. Give continuous chest compressions without pauses for breaths. Give 8-10 breaths/min. Check rhythm every two minutes.

AED Use:

*Follow the voice prompts of your agency or department's AED.

Contraindications to AED:
Rigor/Livor Mortis
No Code"/DNR Situation

If patient successfully regains a pulse, maintain airway and ventilations as necessary and continue to monitor a pulse.

If patient becomes pulseless during transport, start CPR, **STOP VEHICLE**, analyze

Performance Indicators

Onset of Arrest Time	Initial Rhythm	Bystander/FR CPR/AED	Time of Initial Defibrillation
Confirmation of Airway	Consistency of CPR	Patient Packaging	Patient Disposition