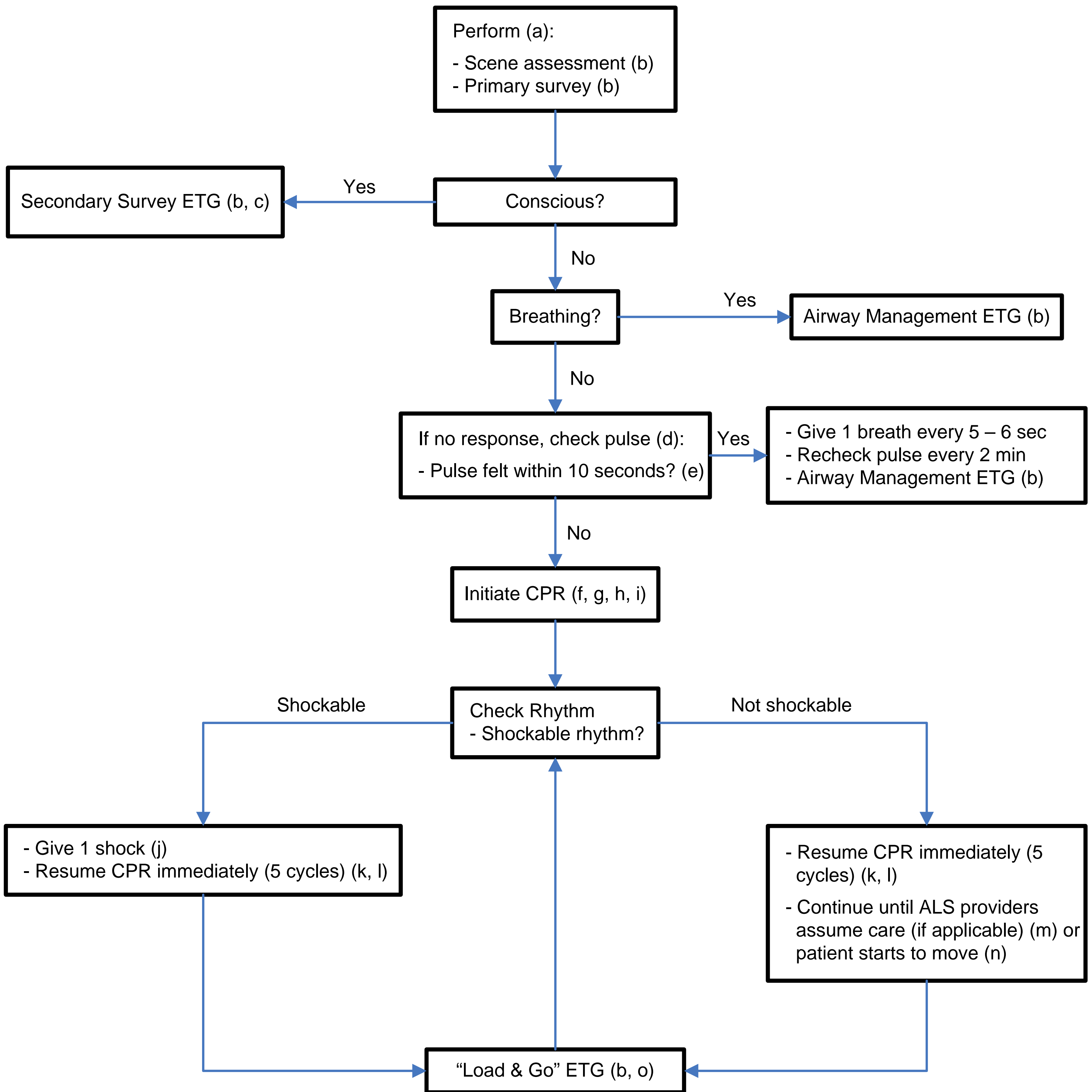
GENERAL: # Cardiopulmonary Resuscitation



GENERAL: Cardiopulmonary Resuscitation

a. This Emergency Treatment Guideline is meant to provide a reference for care of the patient in cardiorespiratory arrest. Emergency Treatment Protocols may, in some instances, provide additional or differing information regarding care of these patients. When potentially conflicting information is present, information contained in the treatment protocols takes precedent over the information contained in this Emergency Treatment Guideline.

b. Refer to appropriate Emergency Treatment Guideline for a complete description and/or application.

c. New threats to life may influence the decision regarding immediate transport.

d. Use the carotid pulse (or brachial pulse in infants). If an alternate site is required use the femoral pulse (if trained to assess).

e. Patients who are hypothermic must be assessed for respirations and a pulse for longer periods of time, up to 45 seconds. CPR should be considered for any pulseless, apneic patient who exhibits the signs or symptoms of hypothermia.

f. Provide appropriate age specific CPR technique(s) as outlined by the Heart and Stroke Foundation of Canada.

g. When chest compressions stop, blood flow to the brain and heart decreases rapidly and stops, therefore, interruptions in chest compressions should be minimized whenever possible.

h. If a child's (one year of age to puberty) heart rate is less than 60 beats per minute with signs of poor perfusion (i.e. poor color), start CPR. If an infant's heart rate is less than 60 beats per minute, start CPR.

i. Ensuring an adequate airway and limiting ventilation pressures can minimize gastric distension.

j. If unwitnessed, full cardiac arrest with no CPR initiated, perform two minutes of CPR before rhythm analysis/defibrillation. CPR includes ventilation with 100% oxygen.

k. CPR may be stopped if the patient has a palpable pulse except in children and infants where the pulse is less than 60 bpm and exhibit signs of poor perfusion. CPR may also be discontinued when instructed by a physician licensed to practice in Manitoba (identity and credentials must be confirmed), performing CPR would place EMS personnel at risk, EMS personnel are exhausted and cannot continue or, if specifically outlined with a Health Care Directive.

l. CPR may be interrupted to move a patient but the interruption should be for as short a time as possible.

m. If advanced life support (ALS) is available, EMS personnel should consider requesting early response of these personnel to the scene or consider an ALS intercept while en route. Initiation of transport should not be delayed for ALS arrival.

n. Signs that indicate improvement in the condition of a newborn or an infant undergoing resuscitation are increasing heart rate, spontaneous respirations, and improving color.

o. EMS personnel trained and certified in discontinuing resuscitation may do so, as outlined in the appropriate Emergency Treatment Protocol.