



Winter 2013 CQI Learning Points:

Cardiac Arrest: To transport or not to transport?

- ❄ The 2010 AHA guidelines stress the importance of good CPR and immediate ACLS for the initial stages of a cardiac arrest. Please remember that our cardiac arrest protocol calls for 20 minutes of on-scene care before deciding if transport is indicated in most situations. This is intended to give the patient the best possible chance for survival as movement of the patient and packaging interfere with quality CPR delivery and consistent ACLS.
- ❄ In most cases the care given in the field is equivalent to the care the patient will receive in the ER, so making it count during those first 20 minutes is critical. If the patient doesn't respond to your ACLS, they probably won't respond to the same ACLS given in the ER.
- ❄ Once ACLS is started the decision to declare death must be made with Base Physician consult. Persistent PEA or fine VF that is not responding after 20 minutes may be called in the field with Base Physician approval.

AMA/RAS Procedures with Minors:

- ❄ Minors may be released at scene only if there is a competent adult guardian willing to take custody of them. In most cases this will be one or both of the minor's parents; however adult siblings, other adult relatives, school nurses, or law enforcement officers may be viable options for releasing a minor.
- ❄ In all cases the minor's parents should be contacted and permission to release them should be verbally stated over the phone. Contact the Base Station for situations where the parents or other legal guardians cannot be contacted. Document who assumed responsibility for the minor on the PCR and clearly state that the parent/guardian (or Base Station) was contacted and approved the release of the minor.

Last Minute Base Notifications ☹:

- ❄ Please attempt to contact the receiving hospital as soon as possible when transporting a patient.
- ❄ Don't wait until you are 2-3 minutes out to call whenever possible.