

SAEMS PREHOSPITAL PROTOCOLS

POST CARDIAC ARREST TRIAGE PROTOCOL

- I. Any non-traumatic Out of Hospital Cardiac Arrest (OHCA) patient with a Return of Spontaneous Circulation (ROSC) should be transported to a Regional Cardiac Receiving Center if all of the following inclusion criteria are met:
 - A. Adult (age 18 or older) not known to be pregnant. (See High Risk OB Triage Protocol)
 - B. Palpable pulse or other evidence of spontaneous circulation after nontraumatic OHCA
 - C. No prehospital medical care directive (Orange form) for withholding care
- II. Patients with an unstable airway or uncontrolled hemorrhage should be transported to the closest facility.
- III. In outlying areas with a transport time of greater than 30 minutes to a CRC, consider transport the patient to the closest facility, or consider air transport directly to a CRC.
- IV. Post cardiac arrest treatment
 - A. Maintain ventilation rate of 10 breaths per minute.
 - B. Optimize oxygenation and ventilation
 - C. Do NOT actively warm patients or initiate therapeutic hypothermia
 - D. Consider pressors for persistent hypotension
 - E. Perform 12 lead if available
- V. REDUCE DELAYS IN DEFINITIVE TREATMENT
 - A. When possible, transmit Post ROSC ECG to the emergency department.
 - B. Provide STEMI ALERT if patients meets STEMI criteria
 - C. Provide direct communication to the receiving facility
 - D. For Post ROSC patients in outlying areas with a transport time of greater than 30 minutes to a Cardiac Receiving Center (CRC) transport the patient to the closest facility, or consider air transport directly to the specialty center.
- VI. FACILITY RECOGNITION
 - A. Healthcare facilities must be recognized by the Arizona Department of Health Services as a CRC to be considered as a primary destination for Post ROSC patients. They must also maintain 24/7 PCI capability (see below for removal criteria).
 - B. If a healthcare facility is not able to provide PCI coverage for any period of time, this shall be reflected on EMRESOURCE.
 - C. If a healthcare facility fails to keep reliable service, the SAEMS Regional Council reserves the right to remove them from the list of PCI capable destinations for EMS. The following are the criteria for automatic removal from the SAEMS destination list.

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1. If there are more than 7 occurrences or days of STEMI divert for any reason, over the course of a 14-day period, or
 2. If there are more than 20 occurrences or days of STEMI divert in a 60-day period
 3. If a facility loses its status as a CRC
- D. To regain position on the list, the receiving facility will need to provide documentation to the SAEMS Executive Director and SAEMS Regional Council that they have regained their credentialing (if lost) or have adequately addressed issues with lack of coverage and are able to maintain 24/7 coverage.

VII. SPECIAL NOTES

- A. Cardiac Receiving Centers are designated by the State of Arizona Department of Health Services based upon their ability to deliver therapeutic hypothermia and 24/7 cardiac catheterization,. **(In Tucson: NMC, TMC, SJH, SMH, Banner UMC-T, Banner UMC-SC, Northwest Houghton)**