Wake County EMS Cardiac Arrest Checklist

**Pre-ROSC Cardiac Arrest Checklist**

- Code Commander is identified
- Monitor is visible and a dedicated provider is viewing the rhythm with all leads attached
- Monitor is in PADS mode
- Metronome confirmed continuous compressions are ongoing at 100 beats per minute
- Defibrillations occurring at 2 minute intervals for shockable rhythms
- O₂ cylinder with oxygen in it is attached to BVM
- EtCO₂ waveform is present and value is being monitored
- ITD is in place if appropriate
- Temperature probe is in place and temperature is visible
- Access has been obtained (IV or IO) with cold fluids being administered
- Underlying cause has been considered and treated early in arrest
- Gastric distention is not a factor
- Tension PTX has been considered
- Family is receiving care and is at the patient’s side

**Post-ROSC Cardiac Arrest Checklist**

- ITD has been removed, ASSESS CO₂ (should be > 20 with good waveform)
- FINGER on pulse maintain for 10 minutes. DO NOT MOVE
- Continuous visualization of cardiac monitor rhythm
- Check O₂ supply and pulse ox to TITRATE to SaO₂ 94-99%
- Do not try to obtain a “normal” EtCO₂ by increasing respiratory rate
- Obtain 12 lead ECG
- Assess for & TREAT bradycardia’s < 60 bpm
- Obtain blood pressure—Pressor agent indicated for MAP < 90
- Evaluate for post-resuscitative airway placement (e.g., endotracheal tube). Strongly consider bougie use if airway change is indicated.
- Unless patient is following verbal commands, continue/initiate hypothermia therapy
- When patient is moved, perform CONTINUOUS PULSE CHECK and continuous monitoring of cardiac rhythm
- Mask is available for BVM in case advanced airway fails
- Once in ambulance, confirm pulse, breath sounds, SaO₂, EtCO₂, and cardiac rhythm
- Appropriate personnel for transport