Rialto Fire Department

Wheel of Survival

Defibrillation Guidelines
VFib/VTach arrest witnessed by EMS or ETCO2 of 20 or greater = immediate defibrillation
Not witnessed by EMS or ETCO2 of less than 20 = 5 minutes high quality CPR and ETCO2 recheck
*Escalating dose and timing of defibrillation per current protocol*

Manual CPR Performed by seat assignment
CPR Continued with Stat Padz (CPR Feedback)

Post ROSC Care
Ventilate to ETCO2 (35-45)
*Remove ITD*
12 Lead ECG
Ongoing Assessment of Perfusion
Start Therapeutic Hypothermia
Antiarrhythmic as Needed
Transport to STEMI Receiving Facility

Intravenous Line Medications as needed

Nasogastric Tube

Intubation Capnography ResQpod

Apneic Oxygenation

Heads Up

AutoPulse Deployment (Continuous Compressions)
BLS Airway Management (ResQpod, BVM, Capnography)

Transport decision based on ETCO2 (>15 30 mins on scene)

Medication Administration
All spokes in the Wheel of Survival through #9 are prioritized before medication administration
IV/IO should not be initiated prior to intubation
*Administer medications per existing protocol for dose, frequency and order*
Rialto Fire Department

*The 4 Pauses Adult Non-Traumatic Cardiac Arrest Resuscitation*

Nothing Trumps Compressions, Nothing!

Improving outcomes starts with limiting pauses in compressions. To that end any high performance CPR program should define the pauses in compressions that are allowed in the system, seek to limit the time of those pauses, and train to reinforce that at all other times high quality compressions will be maintained. Besides the inherent pauses of 30:2 BLS compressions prior to the placement of the AutoPulse the following are the acceptable pauses in the Rialto Fire Department Cardiac Arrest Resuscitation Program:

- **Place a feedback device**
  - Zoll Stat-Padz
    - 1 second pause
- **Place a posterior defibrillation pad***
  - 5 seconds maximum
- **Place a mechanical CPR device**
  - AutoPulse
    - 5 seconds maximum
- **Start mechanical CPR device**
  - 2 second pause

*The second pause can be eliminated if sufficient personnel arrive on scene at the same time to begin CPR and set-up for transition to the AutoPulse (generally 5 personnel). In this case the posterior defibrillation pad may be placed at the same time the patient is lifted to place them on the AutoPulse.*
Powell J, Dearden K, & Grayson S. (December 1, 2017) Seven tools result in dramatic improvements in cardiac arrest outcomes in Rialto, California. *JEMS.*

**Automated (mechanical) CPR Device**


**Apneic Oxygenation**

❖ Farkus J. (July 2, 2014). Preoxygenation and apneic oxygenation using a nasal cannula. *PulmCrit (EMCrit).*


**Impedance Threshold Device**


**Heads-Up CPR**


❖ Frascoen RJ. And the dead shall rise: Head up CPR and the revolutionary research model used to develop it. *JEMS.* 2017;42 (1) 33-37
Rialto Cardiac Arrest Resuscitation Toolbox
Reference List (abbreviated)

Delaying Defibrillation


Waveform Capnography


Deprioritizing Epinephrine
