TRANSPORT OF CARDIAC ARREST PATIENTS

I. Patients in cardiac arrest from a medical cause should have field resuscitation following the Incident Command for Cardiac Arrest Procedure (ALS/BLS I 4.1-4.3).

II. OLMC contact should be made during ongoing resuscitation from the scene. The following options should be discussed with the ECP or ECRN:

A. Continue field resuscitation for a defined period/task achievement and re-contact base station.

B. Transport of patient with Return of Spontaneous Circulation (ROSC)

C. Transport of patient with ongoing resuscitation

D. Termination of resuscitative efforts

III. EMS Field providers and base station physicians should make every effort to achieve ROSC before transporting the patient to the hospital with ongoing resuscitation. This recognizes the fact that ongoing resuscitation in the back of a moving ambulance is sub-optimal.

IV. Termination of Resuscitation should be considered for all adult cardiac arrest patients with initial rhythms of either asystole or pulseless electrical activity (PEA) who do not respond to field resuscitative efforts (see Termination of Resuscitation Policy B.7-B.8).

V. Patients with ROSC should be treated according to Adult Post Cardiac Arrest Care and Therapeutic Hypothermia Procedure (ALS I 5.1-5.2)

VI. Patients with ROSC, refractory Ventricular Fibrillation/Pulseless Ventricular Tachycardia, or any patient where the decision (after discussion with OLMC) is made to transport with ongoing resuscitation, should be transported to the closest STEMI-Receiving Center (SRC) (see Policy C.12 for a list of SRCs).

VII. In the event that the closest SRC is on ALS bypass, the “T+5 minute” rule should be followed, i.e. if the transport time to the next closest SRC is greater than an additional 5 minutes, the patient should be transported to the SRC on ALS bypass (see Notification and Monitoring of Hospital Resource Limitation(s)/Ambulance Bypass Policy, C.29).

Copyright 2018 Region XI EMS Medical Directors Consortium
Written: 10/15
Reviewed: 10/15, 8/17
Revised: 8/17
MDC Approval: 10/6/15; 11/21/17
IDPH Approval: 2/25/16; 12/21/17
Implementation: 3/1/16; 8/8/18