



**REGION 11
CHICAGO EMS SYSTEM
POLICY**

Title: Cardiac Arrest Patient Destination
Section: Transportation
Approved: EMS Medical Directors Consortium
Effective: December 1, 2022

CARDIAC ARREST PATIENT DESTINATION

- I. Patients in cardiac arrest from a medical cause should have field resuscitation following the Cardiac Arrest Management (ICCA) Protocol – BLS/ALS.
- 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 (age \geq 18 years).
- 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 may be considered for all adult (non-traumatic) 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).
- V. Patients with ROSC should be treated according to the Adult and Pediatric Post-ROSC Care Protocol - ALS.
- VI. Adult patients with ROSC, or any adult patient where the decision is made to transport to the hospital with ongoing resuscitation (only after discussion with OLMC), should be transported to the closest STEMI Center (see STEMI Patient Destination Policy for a list of STEMI Centers).
- VII. Pediatric patients with ROSC, or any patient where the decision is made to transport to the hospital with ongoing resuscitation (only after discussion with OLMC), should be transported to the closest EDAP certified emergency department (see Pediatric Patient Destination Policy for list of EDAP hospitals).
- VIII. Pregnant patients greater than 20 weeks gestation or with a visibly gravid abdomen should be transported to the closest STEMI Center that is also a Level III Perinatal Center (see Perinatal (Obstetric/Neonatal) Patient Destination Policy for a list of Level III Perinatal Centers).
- IX. Ventricular assist device (VAD) patients should only be transported to a VAD Center (see Ventricular Assist Device (VAD) Patient Destination Policy for a list of VAD Centers).
- X. In the event that the closest STEMI Center, EDAP hospital, Level III Perinatal Center or VAD Center is on ALS bypass, the “T+5 minute” rule should be followed, i.e. if the transport time to



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the next closest appropriate specialty center is greater than an additional 5 minutes, the patient should be transported to the appropriate specialty center on ALS bypass (see Hospital Diversion / Ambulance Bypass or Resource Limitation Policy).