

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, or any patient where the decision is made to transport to the hospital with ongoing resuscitation (after discussion with OLMC), should be transported to the closest STEMI center (see Policy C.12 for a list of STEMI centers).
- VII. In the event that the closest STEMI center is on ALS bypass, the “T+5 minute” rule should be followed, i.e. if the transport time to the next closest STEMI center is greater than an additional 5 minutes, the patient should be transported to the STEMI center on ALS bypass (see Notification and Monitoring of Hospital Resource Limitation(s)/Ambulance Bypass Policy, C.29).

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