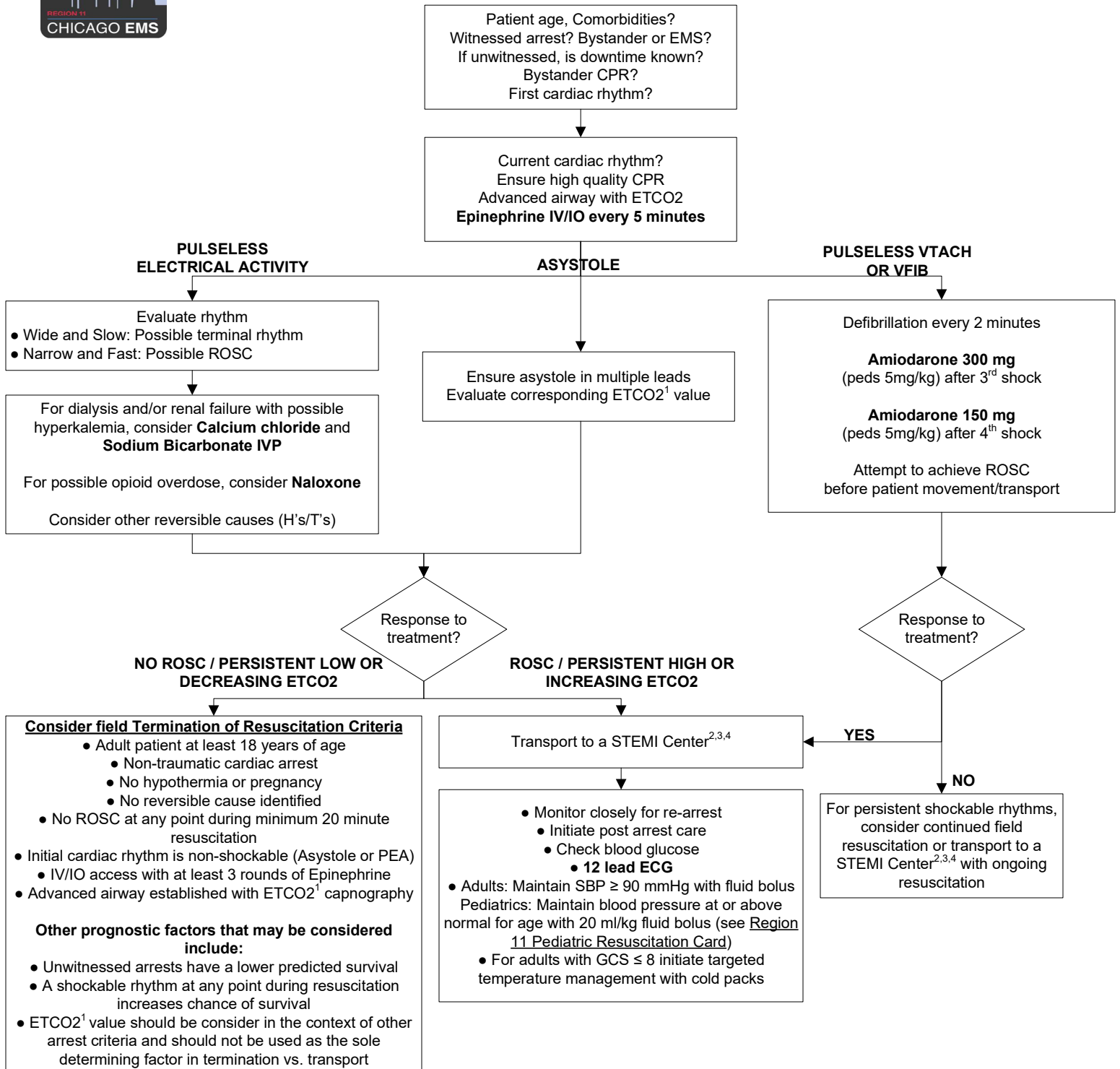




BASE STATION CARDIAC ARREST GUIDELINES



1 – Interpretation of ETCO2 Values in Cardiac Arrest
ETCO2 measures ventilation and is a surrogate marker of cardiac output:
 • < 10 mmHg may indicate low quality CPR or provider fatigue
 • 10-30 mmHg indicates high quality CPR
 • Evaluate ETCO2 values and trends such as:
 - Sudden rise in ETCO2 or persistent reading > 30 mmHg may indicate ROSC
 - Values decreasing more than 25% during resuscitation indicate poor prognosis
 - Values persistently < 10 mmHg, despite high quality CPR indicate poor prognosis

3 - Pediatric Considerations
 • On scene resuscitation where the patient is encountered should take precedence with the goal of obtaining ROSC before patient movement/transport.
 • Field termination of resuscitation is not considered for patients under the age of 18.
 • Pediatric patients should be transported to an Emergency Department Approved for Pediatrics (EDAP) (see [Pediatric Patient Transport Policy](#)).

2- Obstetric Considerations
 For pregnant patients > 20 weeks gestation or with a visibly gravid abdomen:
 • Complete the following code tasks on scene: High quality CPR, defibrillation when indicated, IV/IO access with ACLS drug administration and advanced airway placement with ETCO2 monitoring.
 • Plan for expedited hospital transport with ongoing resuscitation to the closest STEMI Center that is also a Level III Perinatal Center.
 • Contact receiving Level III Perinatal Center and inform them of arrival of pregnant cardiac arrest patient.

4 – Ventricular Assist Device (VAD) Patients
 • Should be transported to a VAD Center per [Transport of Patients With a Ventricular Assist Device \(VAD\) Policy](#).