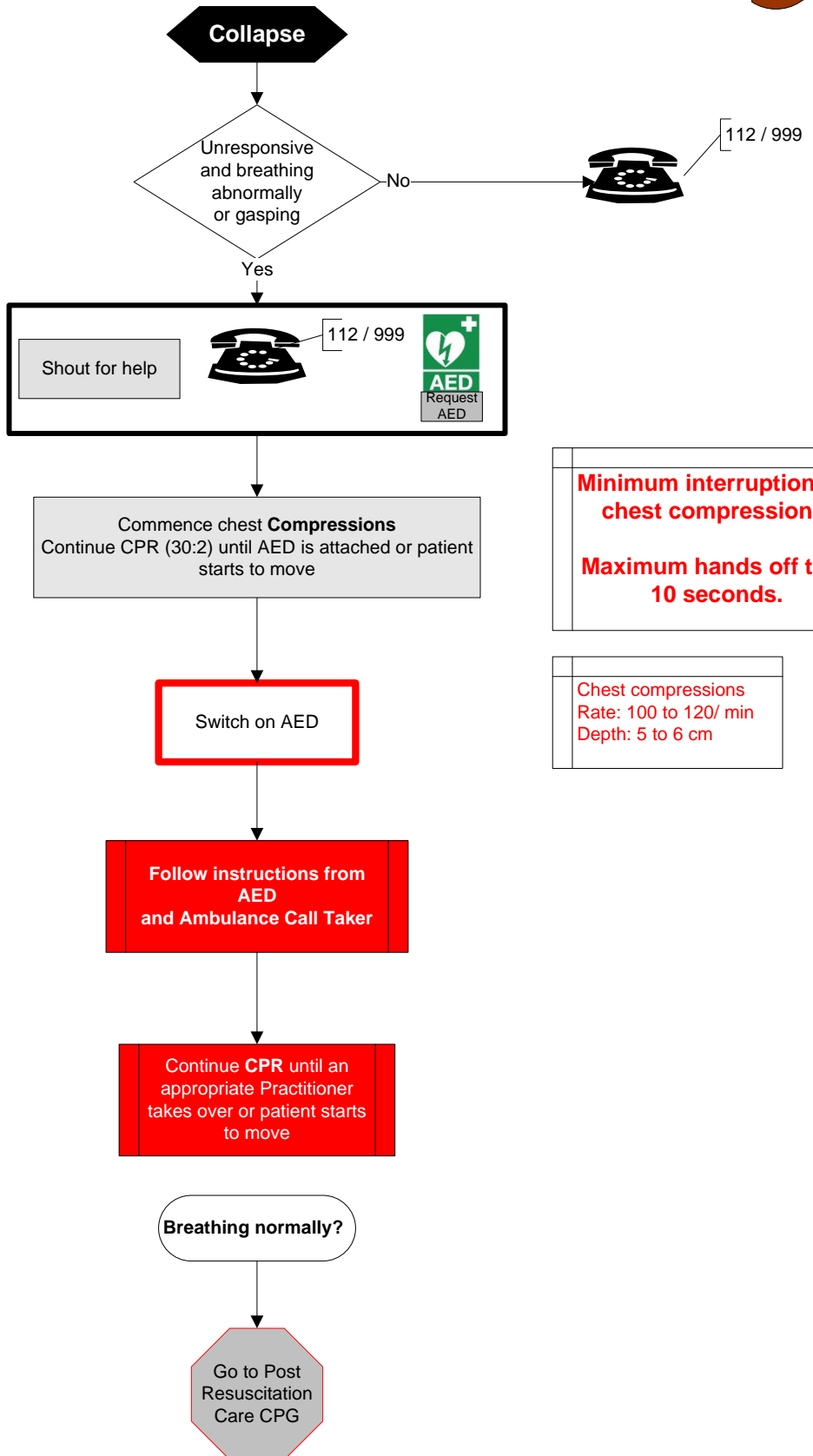


# Cardiac First Response Community



If physically unable to ventilate  
perform compression only CPR

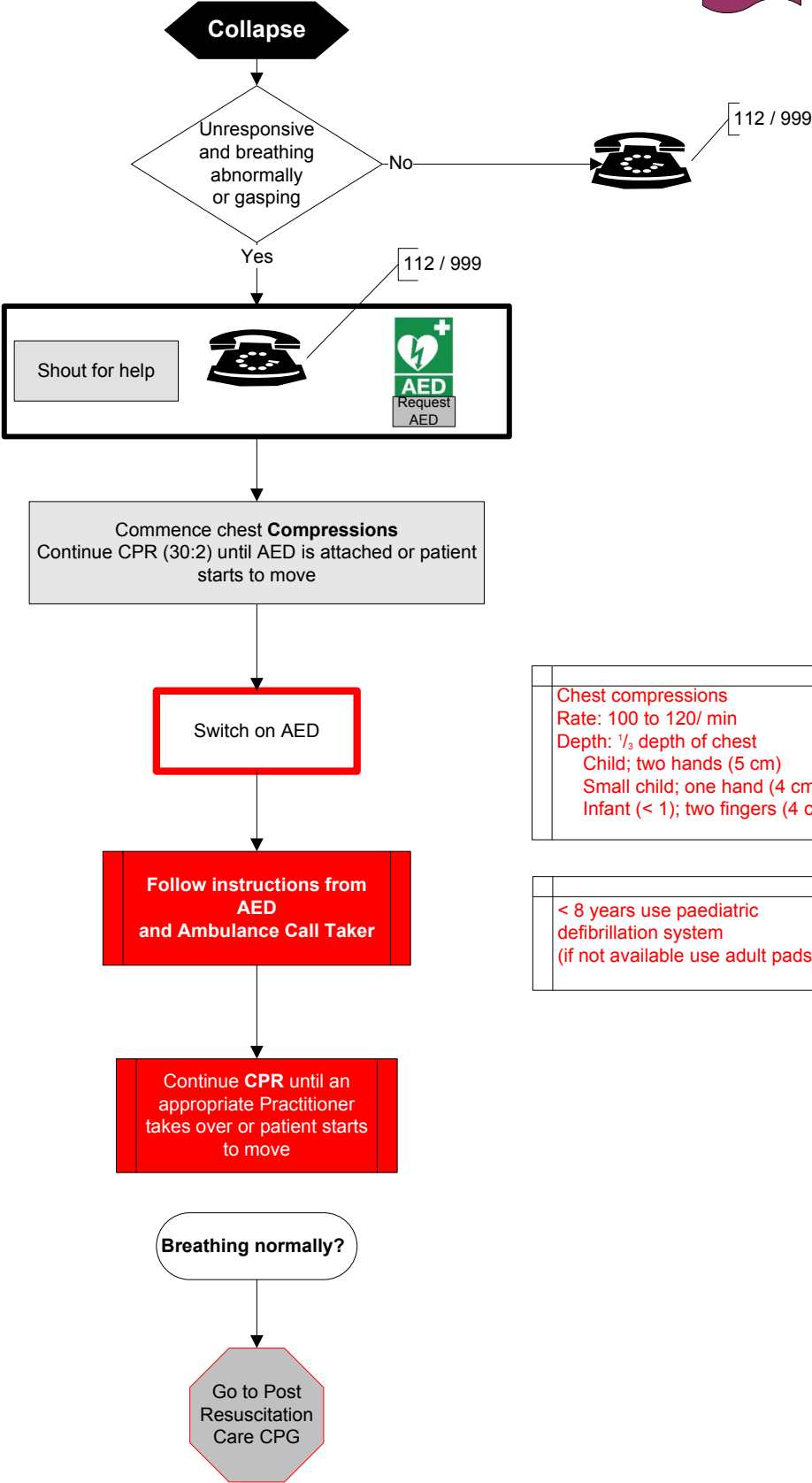


**Minimum interruptions of chest compressions.**  
**Maximum hands off time 10 seconds.**

Chest compressions  
Rate: 100 to 120/ min  
Depth: 5 to 6 cm

If an Implantable Cardioverter Defibrillator (ICD) is fitted in the patient treat as per CPG. It is safe to touch a patient with an ICD fitted even if it is firing.

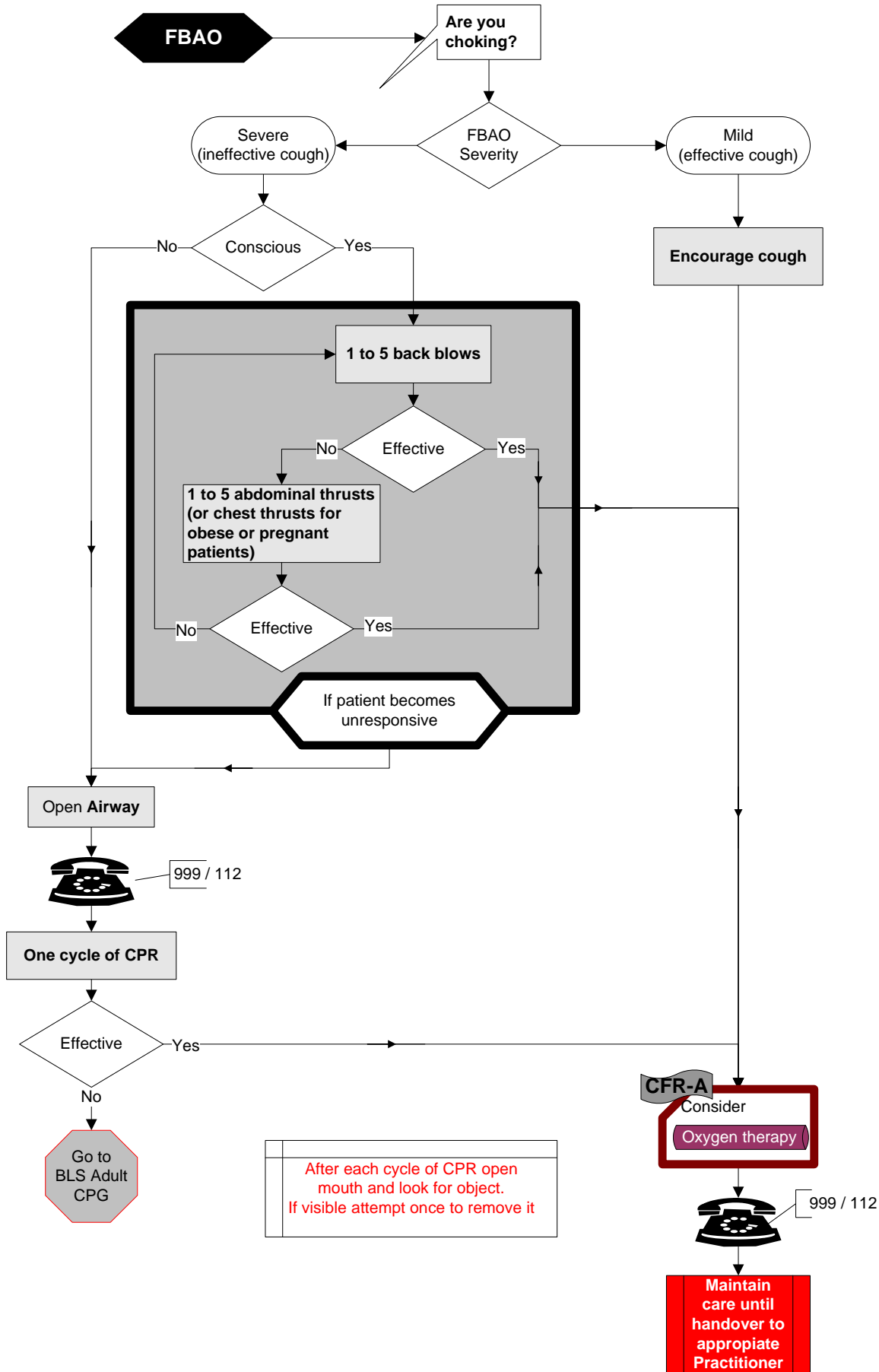
If physically unable to ventilate  
perform compression only CPR

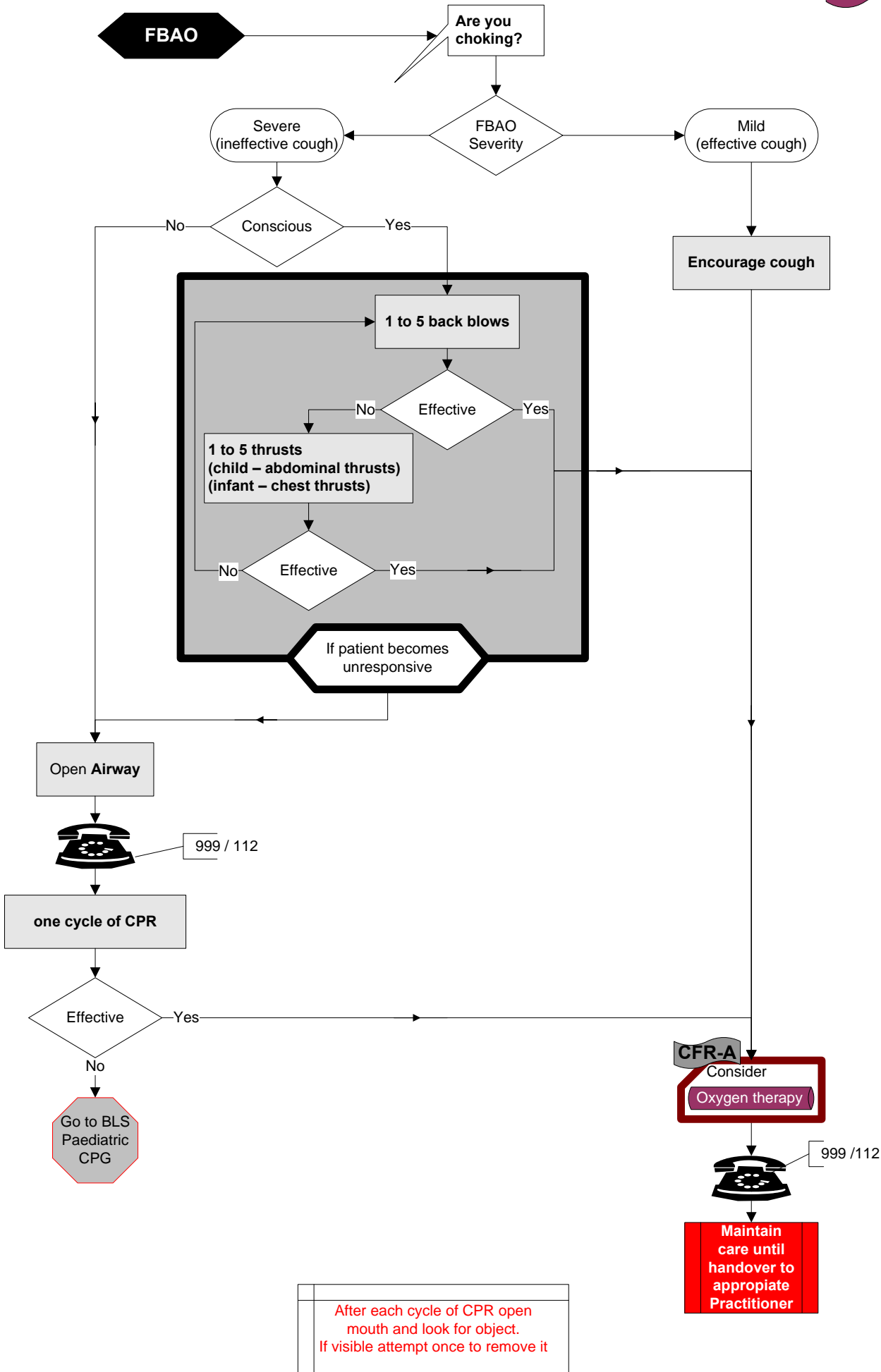


Chest compressions  
Rate: 100 to 120/ min  
Depth: 1/3 depth of chest  
Child; two hands (5 cm)  
Small child; one hand (4 cm)  
Infant (< 1); two fingers (4 cm)

< 8 years use paediatric defibrillation system (if not available use adult pads)

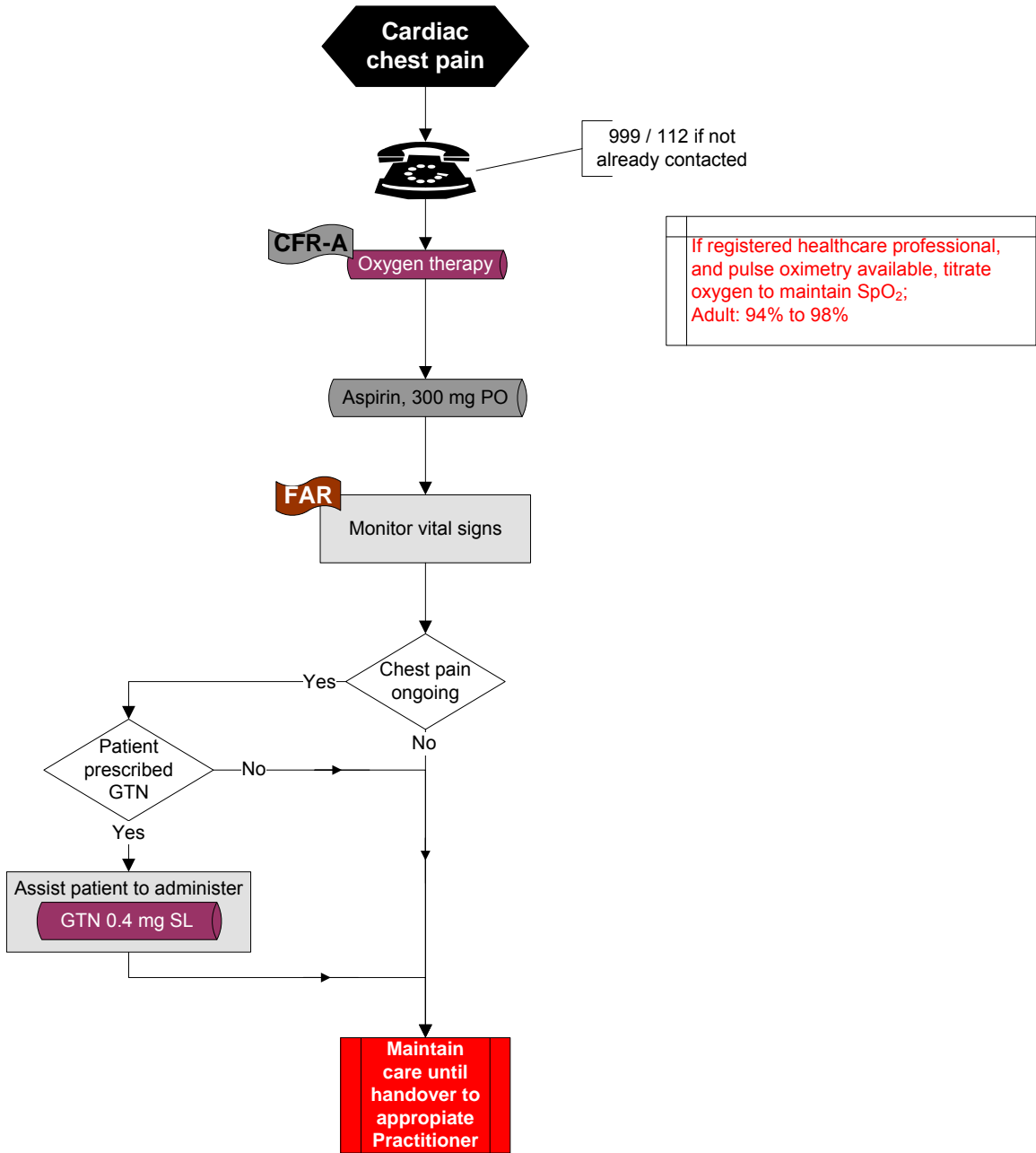
**Infant AED**  
It is extremely unlikely to ever have to defibrillate a child less than 1 year old. Nevertheless, if this were to occur the approach would be the same as for a child over the age of 1. The only likely difference being, the need to place the defibrillation pads anterior (front) and posterior (back), because of the infant's small size.





# Cardiac Chest Pain – Acute Coronary Syndrome

|     |     |
|-----|-----|
| CFR | FAR |
| EFR | OFA |



**Acute neurological symptoms**

Complete a FAST assessment



999 or 112

Maintain airway

CFR-A

Oxygen therapy

Maintain care until handover to appropriate Practitioner

If registered healthcare professional, and pulse oximetry available, titrate oxygen to maintain SpO<sub>2</sub>; Adult: 94% to 98%

**F – facial weakness**  
Can the patient smile?, Has their mouth or eye drooped? Which side?

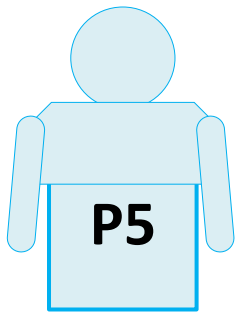
**A – arm weakness**  
Can the patient raise both arms and maintain for 5 seconds?

**S – speech problems**  
Can the patient speak clearly and understand what you say?

**T – time to call 112 now if FAST positive**

**Identification: P5**  
**Role: Family & Team Support**  
**Position: Outside the BLS triangle**

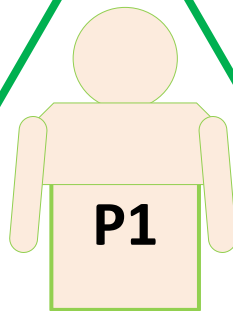
1. Family Liaison
2. Patient Hx / meds
3. Manage Equipment
4. Plan removal (if transporting)



**Identification: P1**  
**Role: Airway and ventilatory support & initial team leader**  
**Location: Inside BLS Triangle at patient's head**

**Tasks:**

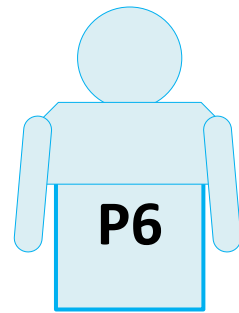
1. Position defibrillator.
2. Attach defib pads and operate defibrillator (If awaiting arrival of P3)
3. Basic airway management (manoeuvre, suction & adjunct)
4. Assemble ventilation equipment and ventilate
5. Team leader (until P4 assigned)



**Identification: P6**  
**Role: Team Support**  
**Location: Outside BLS Triangle**

**Tasks:**

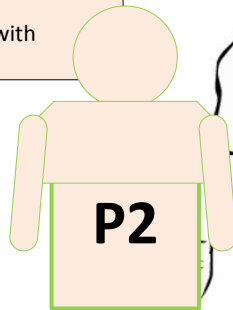
1. Support P1 with airway and ventilation.
2. Support P2/P3 with chest compressions and defibrillation
3. Documentation
4. Support tasks assigned by P4



**Identification: P2**  
**Role: Chest compressor**  
**Location: Inside BLS Triangle at patient's side**

**Tasks:**

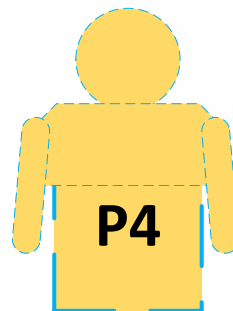
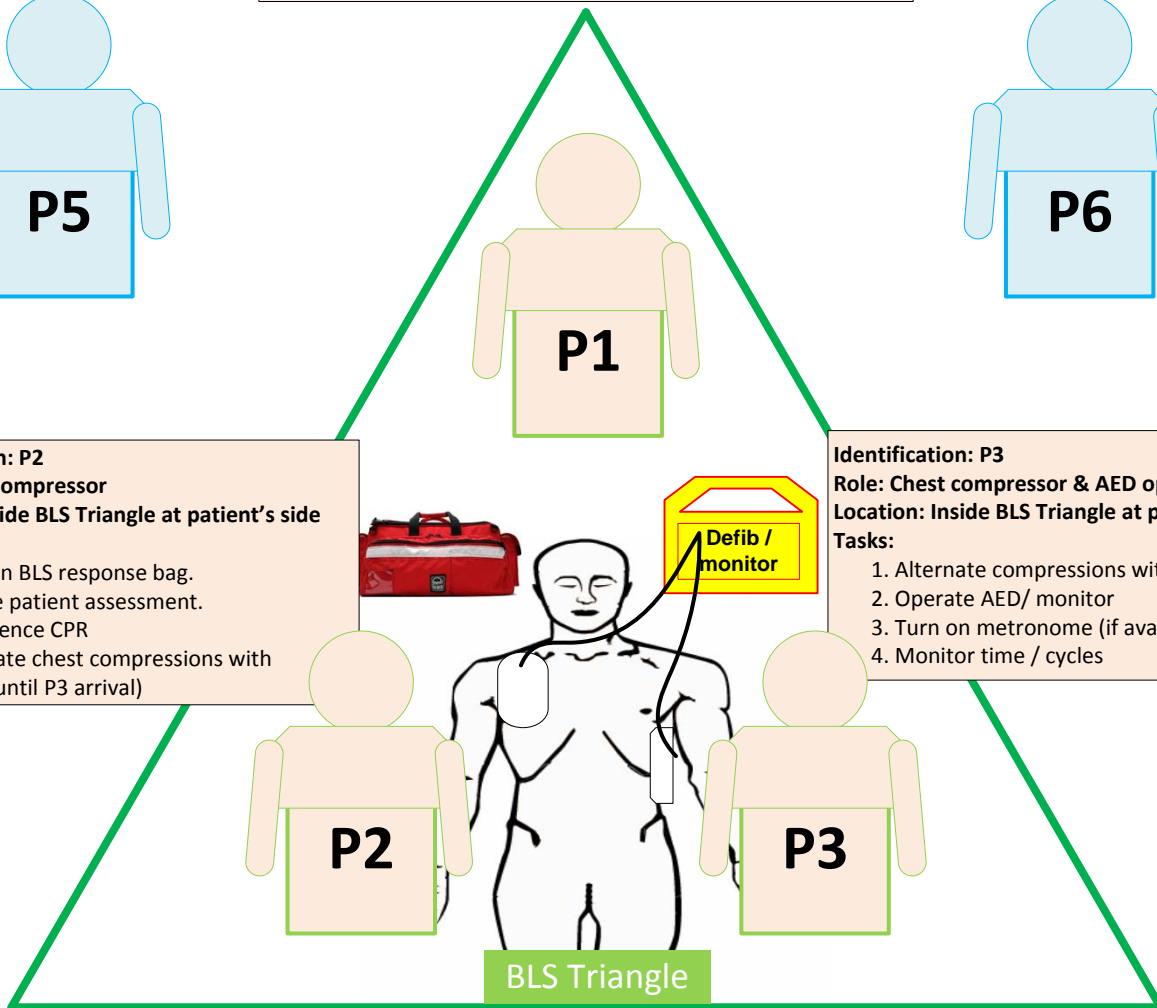
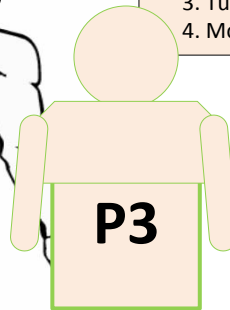
1. Position BLS response bag.
2. Initiate patient assessment.
3. Commence CPR
4. Alternate chest compressions with P3 (P1 until P3 arrival)



**Identification: P3**  
**Role: Chest compressor & AED operator**  
**Location: Inside BLS Triangle at patient's side**

**Tasks:**

1. Alternate compressions with P2
2. Operate AED/ monitor
3. Turn on metronome (if available)
4. Monitor time / cycles



**Identification: P4**  
**Role: Cardiac Arrest Team Leader (practitioner)**  
**Location: Outside the BLS Triangle (ideally at the patient's feet with a clear view of the patient, team and Monitor)**

**Tasks:**

1. Positive exchange of Team Leader
2. Position ALS bag (AP)
3. Take Handover from P1
4. Monitor BLS quality.
5. Initiate IV/IO access & administers medications (AP)
6. Intubate if clinically warranted (AP)
7. Communicate with family / Family Liaison.
8. Identify and treat reversible causes (Hs + Ts)
9. Provide clinical leadership.
10. Conduct post event debrief.

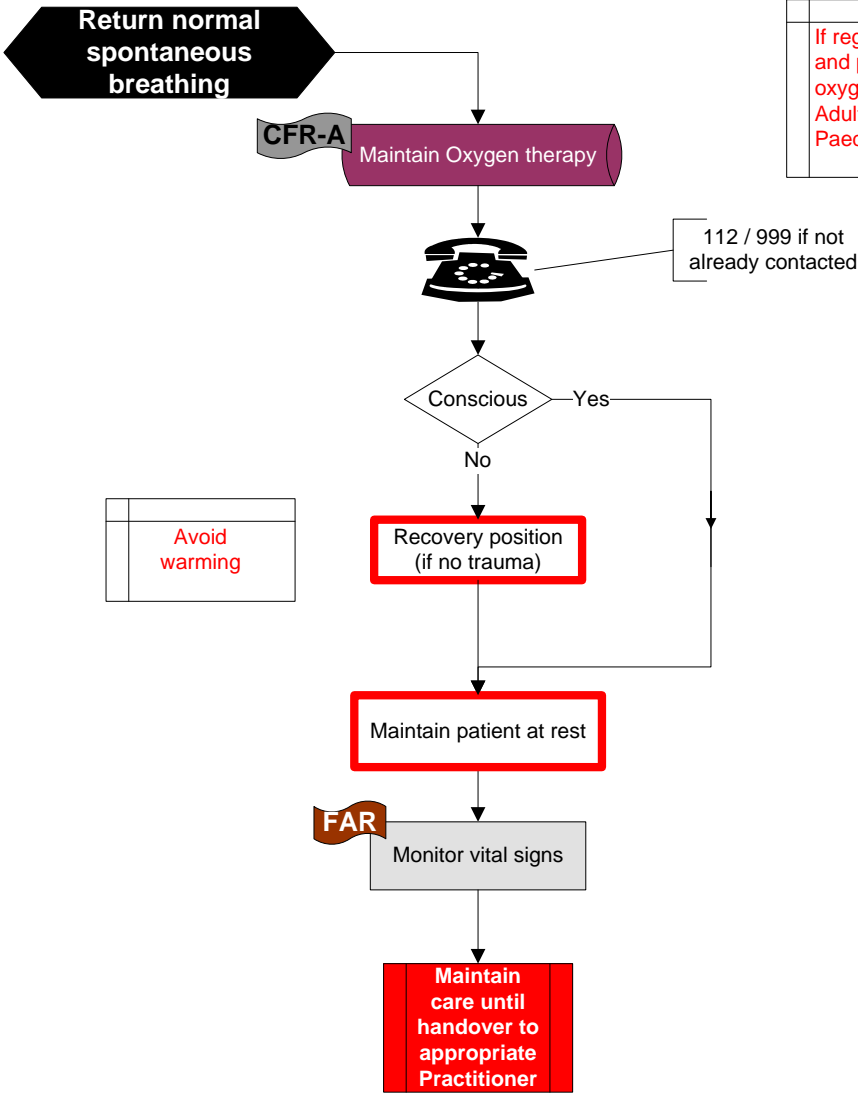
Positions and roles are as laid out, however a Responder may change position thus taking on the role of that position.

Responders must operate within their scope of practice, regardless of position, during team resuscitation



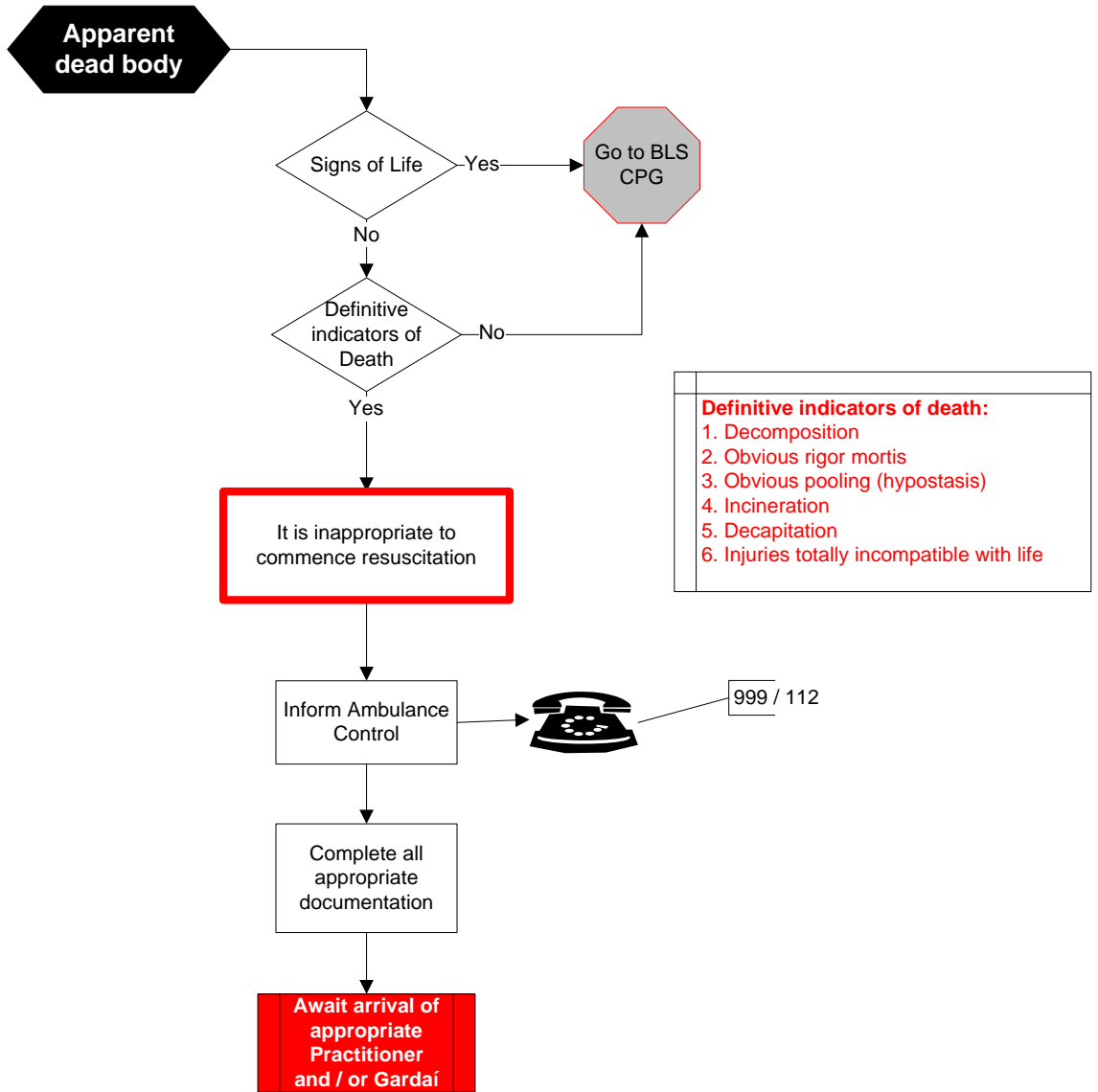
# Post-Resuscitation Care

|     |     |
|-----|-----|
| CFR | FAR |
| EFR | OFA |



If registered healthcare professional, and pulse oximetry available, titrate oxygen to maintain SpO<sub>2</sub>;  
Adult: 94% to 98%  
Paediatric: 96% to 98%

Avoid warming



# Cardiac First Response Community



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