

Cardiac First Response Advanced



Initiate mobilisation of 3 to 4 practitioners / responders

Collapse

Unresponsive and breathing abnormally or gasping

No



112 / 999

Go to Primary Survey CPG

Yes

Shout for help

112 / 999

Commence chest **Compressions**
Continue CPR (30:2) until AED is attached or patient starts to move

Suction
OPA

Oxygen therapy

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

Minimum interruptions of chest compressions.

Maximum hands off time 10 seconds.

Ventilations
Two ventilations each over 1 second
Volume: 500 to 600 mL

Apply AED pads

AED Assesses Rhythm

Shock advised

No Shock advised

Give 1 shock

Breathing normally?

Immediately resume CPR
30 compressions: 2 breaths
x 2 minutes (5 cycles)

Immediately resume CPR
30 compressions: 2 breaths
x 2 minutes (5 cycles)

Continue CPR while AED is charging if AED permits

Go to Post Resuscitation Care CPG

Continue CPR until an appropriate Practitioner takes over or patient starts to move

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 unable or unwilling to ventilate perform compression only CPR

CFR-A
Consider insertion of non-inflatable supraglottic airway, however do not delay 1st shock or stop CPR

Initiate mobilisation of 3 to 4 practitioners / responders

Cardiac arrest
or
pulse < 60 per minute with signs of poor perfusion

Give 5 rescue ventilations
Oxygen therapy

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

Request ALS

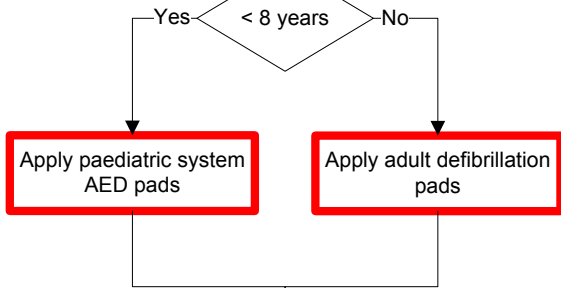
One rescuer CPR 30 : 2
Two rescuer CPR 15 : 2
(≥ 12 years two rescuer CPR 30:2)
Compressions : Ventilations

Commence chest Compressions
Continue CPR (30:2) until defibrillator is attached

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)

AP Change defibrillator to manual mode

P Consider changing defibrillator to manual mode



With two rescuer CPR use two thumb-encircling hand chest compression for infants



Give 1 shock

Immediately resume CPR x 2 minutes

Rhythm check *

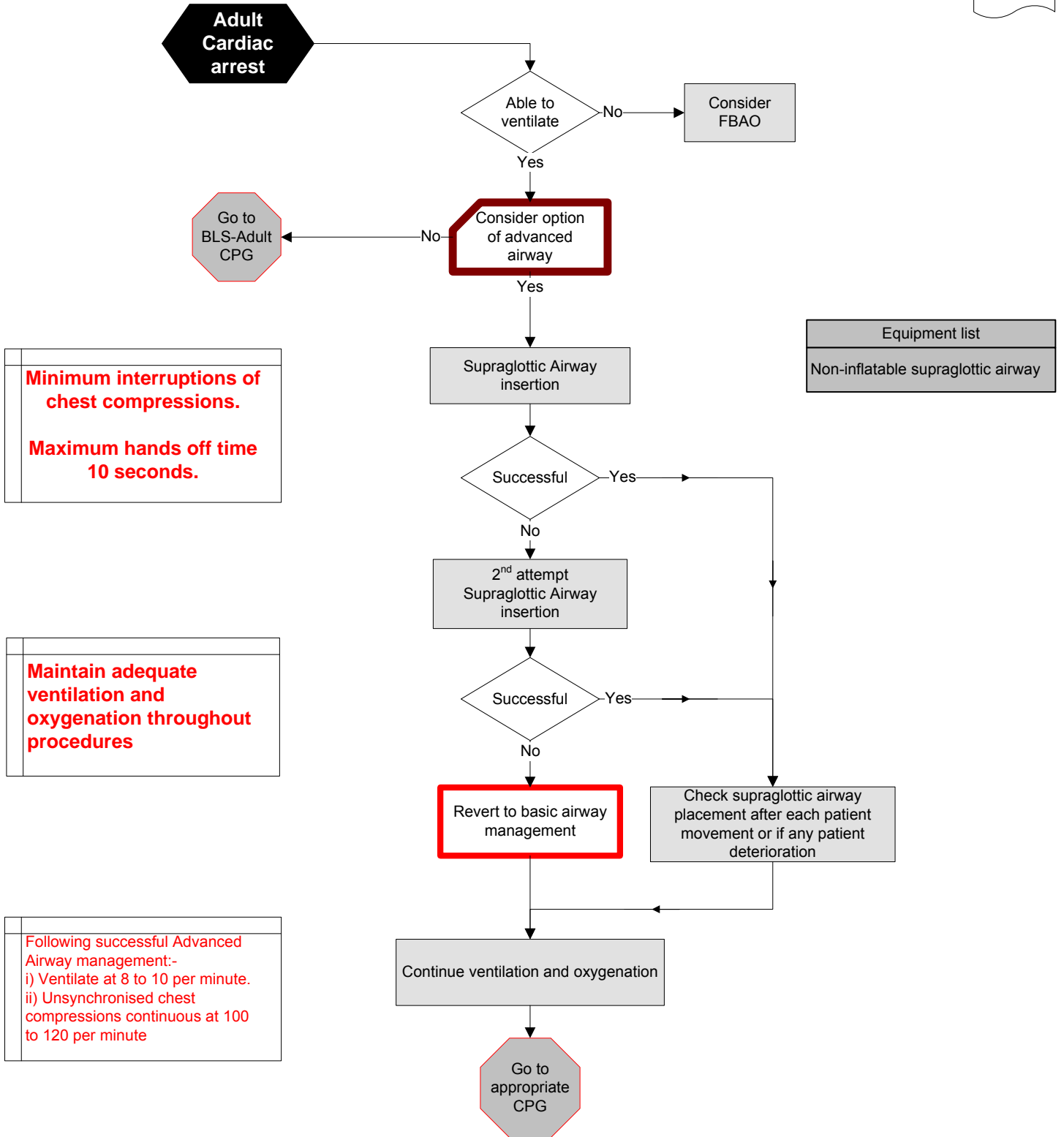
Go to VF / Pulseless VT CPG

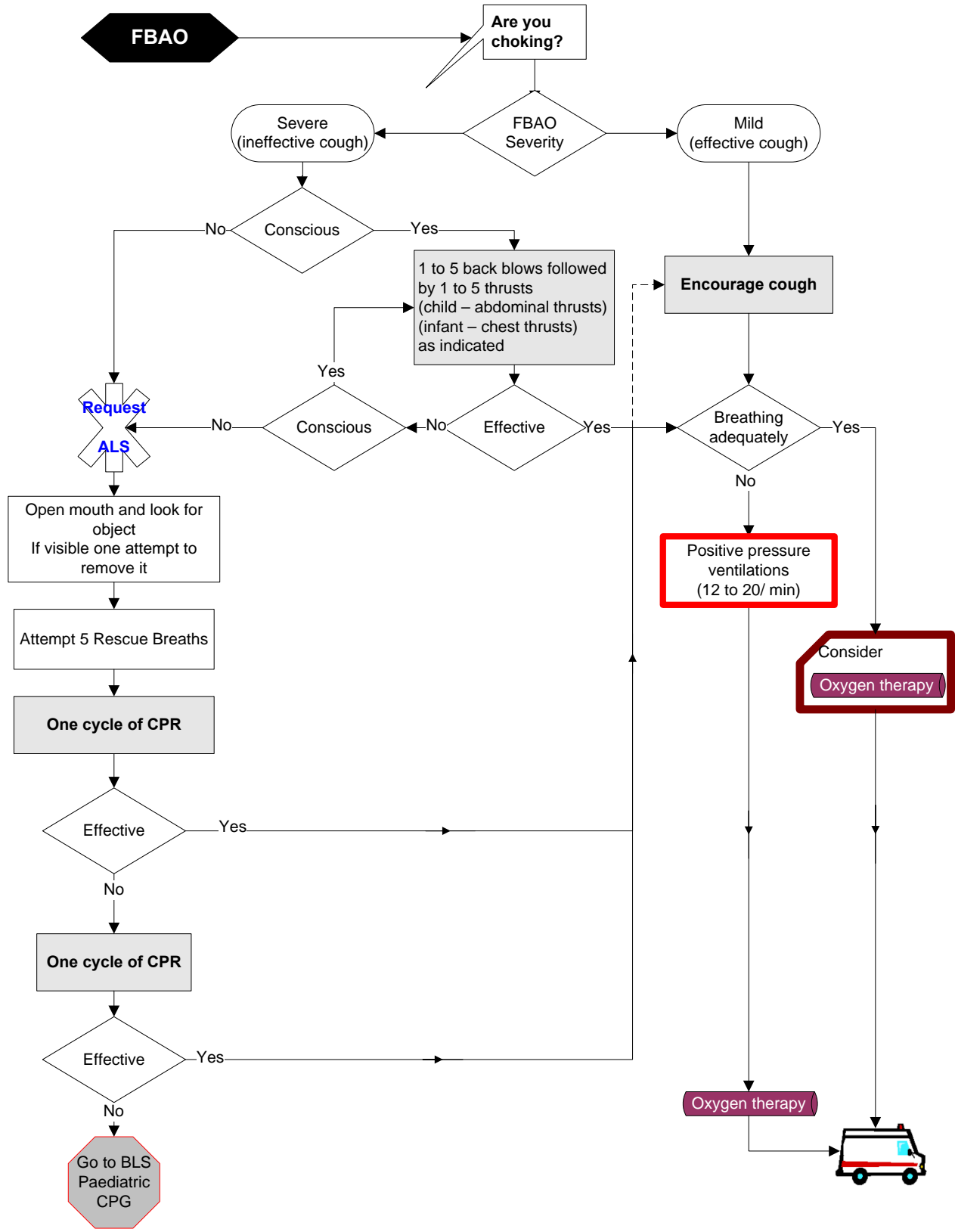
Go to Post Resuscitation Care CPG

Asystole / PEA
Go to Asystole / PEA CPG

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.

* +/- Pulse check: pulse check after 2 minutes of CPR if potentially perfusing rhythm

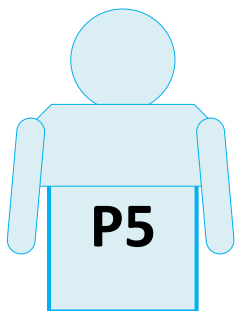




After each cycle of CPR open mouth and look for object. If visible attempt once to remove it

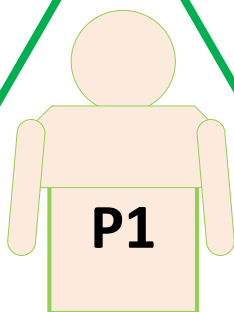
Identification: P5
Role: Family & Team Support
Position: Outside the BLS triangle

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



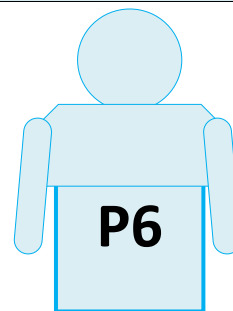
Identification: P1
Role: Airway and ventilatory support & initial team leader
Location: Inside BLS Triangle at patient's head
Tasks:

1. Position defibrillator /monitor.
2. Attach defib pads and operate defibrillator /monitor (If awaiting arrival of P3)
3. Basic airway management (manoeuvre, suction & adjunct)
4. Assemble ventilation equipment and ventilate
5. Insert advanced airway (unsynchronised ventilation and ETCO₂ monitor, if available)
6. Team leader (until P4 assigned)



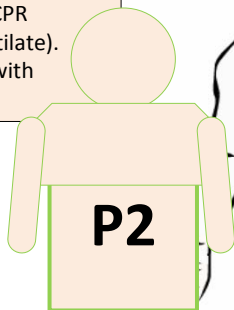
Identification: P6
Role: Team Support
Location: Outside BLS Triangle
Tasks:

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



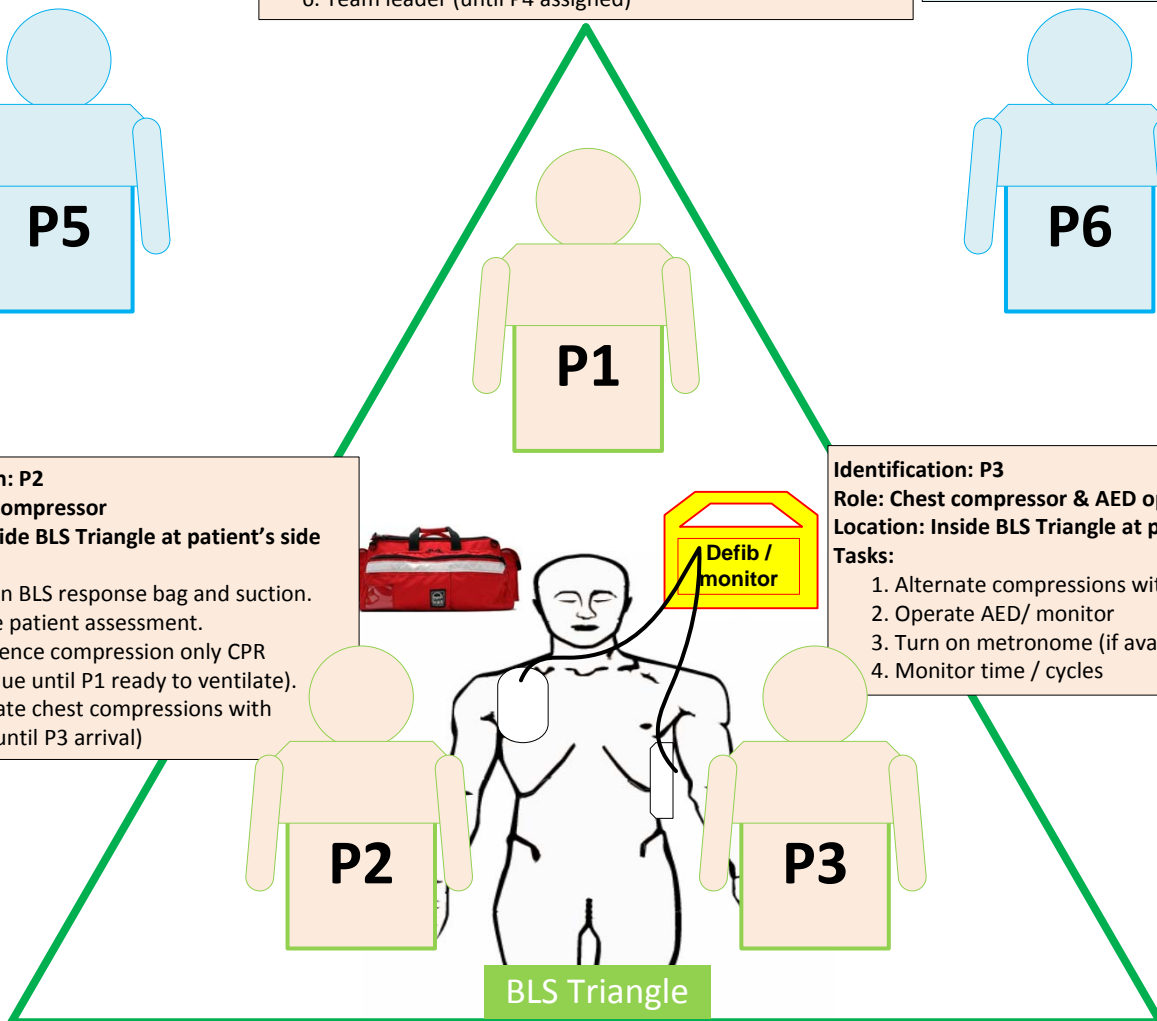
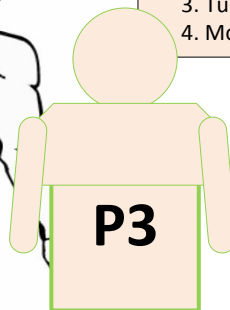
Identification: P2
Role: Chest compressor
Location: Inside BLS Triangle at patient's side
Tasks:

1. Position BLS response bag and suction.
2. Initiate patient assessment.
3. Commence compression only CPR (continue until P1 ready to ventilate).
4. Alternate chest compressions with P3 (P1 until P3 arrival)

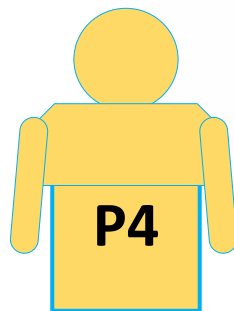


Identification: P3
Role: Chest compressor & AED operator
Location: Inside BLS Triangle at patient's side
Tasks:

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



BLS Triangle

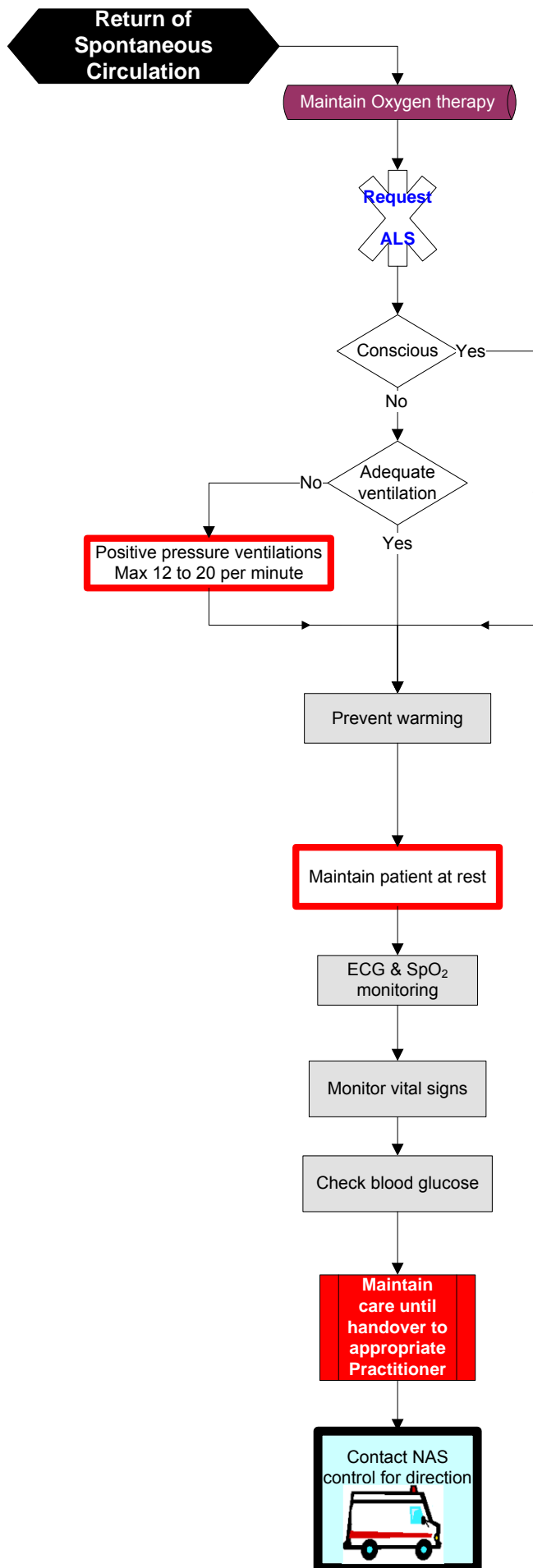


Identification: P4
Role: Cardiac Arrest Team Leader
Location: Outside the BLS Triangle (ideally at the patient's feet with a clear view of the patient, team and Monitor)
Tasks:

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 practitioner may change position thus taking on the role of that position.

If ALS are first on scene they perform BLS until sufficient BLS personnel are on scene



| |
|-------------------------------------|
| Titrate O ₂ to 96% - 98% |
|-------------------------------------|

Cardiac First Response Advanced



Pre-Hospital Emergency Care Council

2nd Floor, Beech House, Millennium Park, Osberstown,
Naas, Co. Kildare, W91 TK79, Ireland **T:** +353 (0)45 882042

F: +353 (0)45 882089

E: info@phecc.ie **W:** www.phecc.ie