SwedishAmerican EMS
STANDING MEDICAL ORDERS
EMT – Basic

SMO: Continuous Chest Compression CPR (CCC-CPR)

Overview: Continuous Chest Compression CPR is a technique used by providers that have been approved by their EMSMD. The purpose of CCC-CPR is to improve coronary perfusion pressure and thus increase survival from sudden cardiac death. With CCC-CPR we recognize the chest compressions should not be interrupted. On appropriate patients the first priority will be 200 forceful continuous compressions at a rate of 100 per minute.

INFORMATION NEEDED

__Patient age
__Medical history (ex. history of cardiovascular disease, congenital heart defect, respiratory disease, trauma, diabetes)
__History of present event (ex. complaints prior to arrest, possibility of choking, allergic reaction, overdose, etc.)

OBJECTIVE FINDINGS

__ Patient is apneic and pulseless
__ The arrest appears to be an due to a cardiac event in an adult patient

Exclusions

__ Child less than 18 years of age
__ Involved in a traumatic event
__ Evidence of primary respiratory arrest is present
__ EMS and equipment are with patient when patient goes into a cardiac arrest
__ Meeting dead on scene criteria

Procedure

__ 200 chest compressions at a rate of 100 per minute
__ Airway may be established with oral airway and O_2
__ Patient may be ventilated at a rate no faster than 12 per minute and continuous chest compressions should not be interrupted
__ ***First Analysis:** Analyze the rhythm immediately after 200 compression sequence.
    __ If **shockable** rhythm, unit will charge, press "Shock" button to deliver shock.
    __ If **non-shockable** rhythm, proceed
__ Immediately resume an additional 200 chest compressions at a rate of 100 per minute

__ Reassess patient for any signs of circulation. If signs are present, support

patient and move into ambulance, prepare for transport. If no signs are present, proceed

__ ***Second Analysis:** Reanalyze rhythm

__ If **shockable** rhythm, unit will charge, press "Shock" button to deliver shock.

__ If **non-shockable** rhythm, proceed

__ Immediately administer 200 chest compressions

__ Reassess patient for any signs of circulation. If signs are present, support patient and move into ambulance, prepare for transport. If no signs are present, proceed

__ ***Third Analysis:** Reanalyze rhythm

__ If **shockable** rhythm, unit will charge, press "Shock" button to deliver shock.

__ If **non-shockable** rhythm, proceed

__ Immediately resume 200 chest compressions

__ Reassess patient for any signs of circulation

__ After the 3 rounds, if no response, initiate standard Region 1 SMOs and prepare for transport

__ With standard Cardiac Arrest SMOs, Chest Compressions should not be interrupted unless necessary

Documentation of adherence to protocol:

__ Monitor Code Summary and/or all AED data (if available) sent to EMS office

__ Best estimate of when the patient collapsed

__ Activities (and their times) done before your arrival

__ Fax copy of run sheet to EMS office after run

PRECAUTIONS AND COMMENTS

__ * If the patient is in a shock-able rhythm when utilizing the CCC-CPR SMO the preferred method is as noted above (one shock at maximum) if this is not possible with your AED the standard 3 shock is acceptable. Remember compressions are the priority and keep stopping of compression at a minimum.

__ Initiate Paramedic or Intermediate Intercept per Intercept SMO

__ A metronome is recommended to assist rescuer in keeping compressions at a rate of 100 per minute

__ The palm of the hand should be lifted completely off the chest during chest compression

__ In cardiac arrest agonal breathing (slow gasping) may be noted and may continue with CCC-CPR