

# CARDIAC ARREST MANAGEMENT

*The first minutes are the most important*

**BLS care makes the difference between a patient making it to the hospital and a patient walking out of the hospital**

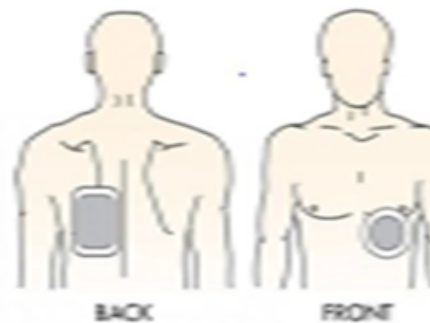
1. CONFIRM PULELESS AND NOT BREATHING

2. START MANUAL CPR

3. APPLY AED

4. PLACE I-GEL

5. ONCE ABOVE COMPLETE, CONSIDER TRANSITIONING TO MECHANICAL CPR



Anterior Posterior Pad Placement

AED and ALS Monitor Use

Used for ADULT and PEDIATRIC Patients



AED pads should be positioned as above. If the patient can not be rolled easily, place both pads on the chest.

## MECHANICAL CPR

Must be 18 Years

Do Not use on someone who is too large/small  
Do Not use padding on top/below the patient



Indication	<b>Cardiac arrest or Respiratory arrest</b>
Contraindication	Patient is responsive and/or has intact gag reflex
Contraindication	Pediatric Patient
Action	START CPR and BVM VENTILATION

Choose correctly sized i-gel

Yellow = 30-60kg (65-130lbs)      Green = 50-90kg (110-200lbs)      Orange = > 90kg (200lbs)

Inspect non-inflatable gel cuff for damage and appropriate shape

Have at patient's side : stethoscope, colorimetric device

Ensures patient is being ventilated using 2 handed bag valve mask technique

Perform proper 4 step lubrication process (Back, Side, Side, Tip)

Head placed in "sniffing position"

Inserts I gel so that tip follows the hard palette in the roof of the mouth

Continued insertion until definitive resistance is met and the teeth should use integral bite block as a landmark

Ventilate port with bag valve mask and Colorimetric device attached

Examination for bilateral chest rise

Auscultation for epigastric sounds

Auscultation of bilateral lung sounds

Evaluate Colorimetric - Color change (**GOLD GOOD, PURPLE NO GO**)

Secure with strap

Patient reevaluated after i-gel secured

Announce i-gel Success OR Failure to resuscitation team

IF SUCCESSFUL - Continue Asynchronous Ventilations at a rate 8-12 of breaths per minute