

# SOUTH PORTLAND FIRE DEPARTMENT

## STANDARD OPERATING GUIDELINES

<b>SOG #:</b>	6.403	<b>Effective Date:</b>	12/1/2013
<b>Title:</b>	Cardiac Arrest Response – No Transport	<b># of pages:</b>	2
<b>Category:</b>	Emergency Medical Response	<b>Classification:</b>	Yellow

1. **PURPOSE:** To ensure that EMS providers perform consistent care delivery to patients and families involved in a cardiac arrest resuscitation attempt.
2. **POLICY:** The 2013 Maine EMS Protocols recommend non transport for almost all patients in cardiac arrest. Upon confirmation of a NON-SHOCKABLE rhythm, the recommended resuscitation time limit is 20 minutes. (This could be the time BLS recognized cardiac arrest and the AED stated “no shock advised”).
3. **PROCEDURES:**

#### Transport Considerations:

- The 2013 Maine EMS Protocols recommend non transport for almost all patients in cardiac arrest.
- Hypothermia is an example of cardiac arrest where it would be OK to transport.

#### General Treatment Considerations:

- Please refer to MEMS 2013 Protocol (Red 9-10).
- Some scenes are not safe or are too cramped to deliver care. In these cases, you may have to move your patient to an area close by that safely allows for care and resuscitate them there (without transporting).
- In certain circumstances it will not be reasonable to work a cardiac arrest in place (i.e. in public areas). In these circumstances, the patient should be moved to the ambulance at the most appropriate phase of the treatment as recommended by ACLS protocols.
- The 20 minute time limit restarts if the patient gains return of spontaneous circulation (ROSC), or has a change in rhythm to a SHOCKABLE rhythm.

#### Termination of Resuscitation:

- If resuscitation efforts are unsuccessful, the scene is turned over to members of the Police Department. It is important not to disturb the scene in cases of possible criminal involvement. Do not remove EKG pads, advanced airways etc. Check with the Police Officers on scene before disturbing the body in any way, including covering the body.
- Although not required, contacting medical control prior to terminating resuscitation efforts is an option, and should be strongly considered.
- Designate a crew member to liaison with the family. It is important to keep them informed of what we are doing and to explain why we are not taking the patient to the

hospital. It is appropriate to use words like “dead” or “died” when describing the patient’s condition.

- Once the patient is deceased, members of the Police Department will secure the scene and make appropriate notifications, i.e., medical examiner and/or a funeral home. If there is not a preference on funeral home choice, the default agency will be Hobbs.
- The Senior Fire Officer on the scene should work with the Police Department to expedite the turnover of the deceased. An example of this might be having the ambulance transport the body to the funeral home instead of waiting for the funeral home representative to come to the scene.
- Consider T.I.P.S. early on in the event of a cardiac arrest and have Fire Alarm make contact with the on-call T.I.P.S. responder.

4. REFERENCES:

- Maine EMS 2013 Protocols

By Order Of:

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