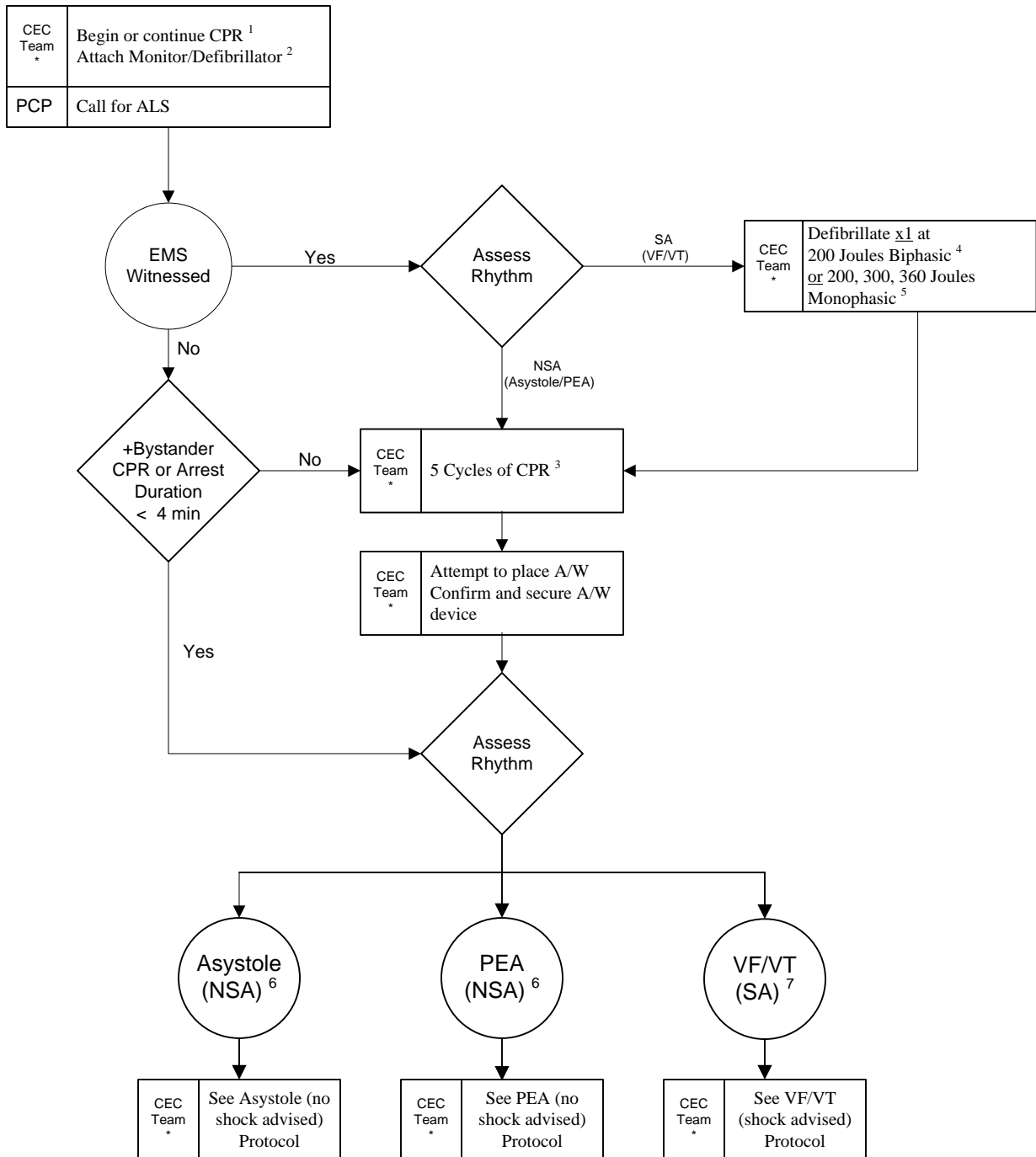


Protocol: Cardiac Arrest Overview-CEC	PDN: 6220.03-CEC	Last Updated: March 3, 2006	Subject: Cardiac Arrest	Page 1
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1. Emphasis is on minimal interruption of chest compressions. Be aware of possible Foreign Body Airway Obstruction (FBAO).
2. Use Defibrillator in Automated Mode - ACPs and CCPs may switch to manual if disagree with Defibrillator interpretation.
3. Each cycle is 30:2 (compressions:ventilations with a compression rate of 100/min). If possible the compressor role should be rotated after each cycle of 5 to prevent compressor fatigue.
4. Resume CPR immediately. Only do pulse check if you see organized complexes when you assess the rhythm.
5. ACPs and ICPs use Monophasic Defibrillator in Manual Mode to give one (1) shock. Resume CPR immediately after shock(s) is (are) given. Only do pulse check if you see organized complexes when you assess the rhythm.
6. NSA: No Shock Advised
7. SA: Shock Advised

*CEC Team May Include PCP, ICP, ACP, CCP, RN

Approved by: Dr. Andrew Travers, Provincial Medical Director
for the use in the CEC after hours *Andrew H. Travers*