**Northwest Community EMS System**
# April 2019 CE: Cardiac Arrest

| | |
|---|---|
| Name: | Date submitted: |
| EMS Agency/hospital: | Credit awarded (date): |
| EMSC/Educator reviewer: | Returned for revisions: |
| | Revisions received: |

This packet should take 2 hours to complete – which earns you the equivalent of the 2 hour live CE class. Sources: April 2019 CE handout including the Rilato FD article; CA performance checklist; and CA PPT slides (PEMSC via dropbox).

## INTRODUCTION SLIDES

1. Go to the Gathering of Eagles website presentations. Find one presentation that is of interest to you and give a brief synopsis (2-3 sentences) of the information. http://gatheringofeagles.us/2019/2019Presentations.htm

_____
_____
_____

2. Go to the EMS Agenda 2050 website and review the materials outlined then give a brief synopsis of the purpose for the agenda. http://emsagenda2050.org/

_____
_____
_____

3. How does EMS 3.0 correlate with the 2050 agenda? https://www.naemt.org/initiatives/ems-transformation

_____
_____

4. According to the EMS Scope of Practice, an individual may only perform a skill or role for which that person is ALL of the following:

   A. _____
   B. _____
   C. _____
   D. _____

## CARDIAC ARREST

5. List 3 exceptions to “Stay and Play” approach to resuscitation management.

   A. _____
   B. _____
   C. _____

6. If a pulse check cannot be detected within 10 sec of palpation, what should the rescuer do?

_____

7. Explain the three phases of a cardiac arrest, including time frame and understanding of effectiveness of treatment including electricity and drug therapy.

| Phase of CA | Time frame | Effectiveness of Treatment |
|---|---|---|
| 1. | | |
| 2. | | |
| 3. | | |

8. According to the first phase, if a patient were to go unresponsive in front of EMS, which is the likely rhythm that the patient would present with initially? _____

9. What should EMS personnel do for this patient in a witnessed CA with the first 5 m of VF/PVT?

_____

How often is this likelihood to occur in the presence of EMS? _____

10. More often, EMS patients are found upon arrival in an unwitnessed (by EMS) CA, which then would have a more likely scenario of finding the pt in which phase of cardiac arrest?_____

11. If a patient is found in the last phase of CA, why might interventions appear to be less effective?

_____

_____

12. What three things do patients in CA need to regain adequate perfusion status? (Source: PP sl. 16)

A. _____
B. _____
C. _____

13. What is it meant when measuring the coronary perfusion pressure? (Source PPT sl. 17)

_____

_____

14. At what time after patient contact should manual CPR be started once no pulse is felt? (Source: PPT slide 18)

_____

15. When can a mechanical CPR device be initiated to maintain continuous uninterrupted chest compressions for a patient in CA? (Source: PPT slide 18)

_____

16. Why is it important to use real time CPR feedback devices on patient's with CA? (Source: PPT slide 22)

_____

17. What are three absolute contraindications for when a mechanical CPR device is not to be used on a patient? (Source: LUCAS skills performance record; PPT slide 26)

A. _____
B. _____
C. _____

18. What underlying shared factor is consistently associated with patients that achieve ROSC? (Source: PPT sl. p 27)

_____

19. If CA in a patient assumed to be related to severe asthma, anaphylaxis, or a pediatric patient, how should a patient be oxygenated prior to intubation? (Source: PP sl. 30)

_____

20. Please watch the video on "head's up" CPR from Dr. Jordan and explain the rationale for potential success in this method of resuscitation. (Source: https://youtu.be/3wFFPSn_dPo)

_____

21. What is the purpose of defibrillation in a shockable cardiac rhythm? (Source: PPT slide 35)

A. _____
B. _____
C. _____

22. What is it meant by "delayed defibrillation"? (Source: PPT slide 36-37)

_____

23. Once defibrillation is completed, what should be the immediate next course of treatment for a patient who is in CA? (Source: PPT slide 38)

_____

24. The highest priority for a patient in cardiac arrest is to intubate the pt and perform ALS skills to save their life? (Source: PPT slide 42)

**TRUE** **FALSE**

25. What is known to be the most effective intervention for a patient in cardiac arrest? (Source: PPT slide 43)

_____

26. In the Anchorage FD dispatch center, they have implemented an expedited plan for dispatch. Explain what two questions are being asked prior to starting compressions for NO-NO-CPR. (Source: https://mycares.net/sitepages/uploads/2018/CriteriaBasedDispatch_AnchorageEMS_11pt.pdf )

_____
_____
_____
_____

27. Why is moving a patient in cardiac arrest still not being advocated for in the majority of cases? (Source: PPT slide 48)

| | |
|---|---|
| | |

28. In looking through the evidence offered by Dr. Pruett from New Mexico about the dosing interval of epinephrine was there any significant difference in changing of the dosing intervals from every 3 min to every 6 min? (Source: PPT slide 39; CE class handout p 4)

29. On slide 53, what was the take home message of epinephrine administration involving dosing intervals? (Source: PPT)

30. List the H's and T's for a pt found in cardiac arrest and star (*) the reversible ones from the field perspective. (Source: SOP)

| | |
|---|---|
| | |
| | |
| | |

31. An adult male patient is found down pulseless and not breathing. What are the first three steps to take implementing the changes in protocol if the patient is in systole? (Source: Class handout skills performance checklist).

32. An adult female patient is found in the bedroom of a single family home and is clutching her chest. She is pale, cool and diaphoretic. She asks for you to not let her die and then goes unresponsive and without a pulse monitor reveals that she is in VF. What immediate actions should be taken?

33. When there is "see through CPR" and an underlying rhythm can be visualized through the compressions, when should CPR be paused?

34. What three criteria are needed for termination of resuscitation to be granted prehospital?

_____

_____

_____.

35. Identify 4 acceptable pauses in compressions as outlined on sl. 67 of PPT?

| | |
|---|---|
| | |

36. An adult patient is found unresponsive in CA at home. The family states that they saw the patient last awake ~15 min PTA of EMS. When placed on the monitor, patient is found to be in ventricular fibrillation. What is the first step that EMS should perform?

A. Defibrillation
B. Assess capnography
C. Amiodarone administration
D. Perform intubation with King vision

37. If mechanical CPR is being performed on a patient in asystole, how should EMS obtain an advanced airway and at the same time, hope to avoid?

_____

_____

38. Explain when the circumstance of duel sequential defibrillation should be considered and how is it performed?

_____

_____

_____

39. While performing CPR on a patient in CA, capnography spikes to 50, what should be done as a result?

A. Remove resQPod
B. Give 200 mL boluses of IV fluids
C. Assess for rhythm analysis and pulse
D. Call OLMC to call in a cardiac alert after performing a 12-L ECG.

40. Once a patient gains ROSC and they are prepped for transport, what must EMS do on the way to the hospital to ensure nothing is overlooked? (sl. 60, PPT)

A. Keep the patient warm to prevent from shivering.
B. Keep your finger on the patients pulse so as not to overlook PEA.
C. Call a stroke alert into the receiving hospital to let them know that an unresponsive pt is coming in with deficits.
D. Remove capnography from the “Tower of Power” as CPR is no longer in progress and it is not needed for treatment.