

<ul style="list-style-type: none"> <li>● <b>Epinephrine Drip</b> start at 10 mcg/min IV/IO infusion             <ul style="list-style-type: none"> <li>○ Consider for extended transport</li> <li>○ <u>See formulary for mixing instructions</u></li> </ul> </li> </ul> <p><b>Contact STEMI Receiving Center (French Hospital)</b></p> <ul style="list-style-type: none"> <li>● Refractory V-Fib or V-Tach not responsive to treatment</li> <li>● Request for a change in destination if patient rearrests en route</li> <li>● Termination orders when unresponsive to resuscitative measures</li> <li>● As needed</li> </ul> <p><b>Contact appropriate Base Station per Base Station Report Policy #121</b> - Atraumatic cardiac arrests due to non-cardiac origin (OD, drowning, etc.)</p>	<ul style="list-style-type: none"> <li>○ <u>See notes for mixing instructions</u></li> </ul> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li>● <b>Epinephrine Drip</b> start at 1 mcg/kg, up to max of 10 mcg/min IV/IO infusion             <ul style="list-style-type: none"> <li>○ Consider for extended transport</li> <li>○ <u>See formulary for mixing instructions</u></li> </ul> </li> <li>● As needed</li> </ul>
<b>Notes</b>	
<ul style="list-style-type: none"> <li>● <b><u>Mixing Push-Dose Epinephrine 10 mcg/mL (1:100,000):</u></b> Mix 9 mL of <b>Normal Saline</b> with 1 mL of <b>Epinephrine 1:10,000</b>, mix well</li> <li>● <b>Use manufacturer recommended energy settings if different from listed</b></li> <li>● <b>Assess for reversible causes</b> <ul style="list-style-type: none"> <li>○ Tension PTX, hypoxia, hypovolemia, hypothermia, hyperkalemia, hypoglycemia, overdose</li> </ul> </li> <li>● <b>Vascular access</b> – IV preferred over IO – continue vascular access attempts even if IO access established</li> <li>● <b>Oral Intubation (Adults)</b> – Consider if airway is not patent or with maintained ROSC</li> <li>● <b>Adult ROSC that is maintained:</b> <ul style="list-style-type: none"> <li>○ Obtain 12-lead ECG and vital signs</li> <li>○ Transport to the nearest STEMI Receiving Center <i>regardless of 12-lead ECG reading</i></li> <li>○ Maintain O<sub>2</sub> Sat ≥ 94%</li> <li>○ Monitor ETCO<sub>2</sub></li> <li>○ Protect airway with oral intubation if indicated</li> <li>○ With BP &lt; 100 mmHg, contact SRC (French Hospital) for fluid, or pressors</li> </ul> </li> <li>● <b>Termination for patients &gt; 34 Kg - Contact SRC (French Hospital) for termination orders</b> <ul style="list-style-type: none"> <li>○ If the patient remains pulseless and apneic following 20 minutes of resuscitative measures</li> <li>○ Persistent ETCO<sub>2</sub> values &lt; 10mmHg, consider termination of resuscitation</li> <li>○ Documentation shall include the patient’s failure to respond to treatment and of a non-viable cardiac rhythm (copy of rhythm strip)</li> </ul> </li> <li>● <b>Pediatric patients ≤ 34 kg</b> <ul style="list-style-type: none"> <li>○ <u>Stay on scene</u> to establish vascular access, provide for airway management, and administer the first dose of epinephrine followed by 2 min of HPCPR</li> <li>○ Evaluate and treat for respiratory causes</li> <li>○ Use Broselow tape if available</li> <li>○ Contact and transport to the nearest Base Hospital</li> <li>○ Receiving Hospital shall provide medical direction/termination for pediatric patients</li> </ul> </li> </ul>	