



## MEDICAL DIRECTIVE –

### Advanced Life Support (ALS): Adult Cardiac Arrest

Approved by/Date: Medical Advisory Committee – June 23, 2015

#### Authorizing physician(s)

- LHO - Code Blue, Emergency Department & Critical Care Physicians
- LHB - Emergency Department and Critical Care Physicians
- LHPP - Emergency Department Physicians

#### Authorized to who

Registered Nurses (RN)/Registered Respiratory Therapists (RRT) that have the knowledge, skill and judgment and hold competency in the Lakeridge Health Advanced Life Support competency validation program. Competency validation on theory and practical simulation must be completed every two years. Must maintain current Advanced Current Life Support (ACLS) provider status (new or renewal course every 2 years).

#### Patient Description / Population

Patients confirmed to be in cardiac arrest. Adult patients or patients that appear to be 16 years of age or older.

#### Medical Directive Description/Physician's Order

1. Immediate initiation of effective Cardiopulmonary Resuscitation (CPR) as outlined in current ACLS guidelines
2. Activate Code Blue response as per LH policy & notify MRP
3. Determine whether rhythm is shockable vs. nonshockable upon arrival of defibrillator and after each CPR cycle of 2 minutes
4. RRT or RN to Initiate Intraosseous (IO) access (**reference IO medical directive**) if any delay in obtaining IV - if 2 unsuccessful attempts at IV or 90 seconds (including pre hospital)

#### Nonshockable rhythm → Asystole, Pulseless Electrical Activity (PEA)

1. EPINEPHrine 1:10,000 1 mg IV/IO (may repeat every 3-5 minutes as necessary for the duration of the arrest)
2. Give medication early in two minute CPR cycle to ensure medication is circulated well

#### Shockable rhythm → Ventricular Fibrillation (VF), Pulseless Ventricular Tachycardia (VT)

1. If it is determined to be a shockable rhythm: defibrillate with 200J with Zoll defibrillator as per manufacturer's guideline or as directed by Zoll AED.
2. Immediately resume CPR post defibrillation (no pulse check)

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Document Sponsor/Owner Group: Emergency/Critical Care

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3. EPINEPHrine 1:10,000 1 mg IV/IO (may repeat every 3- 5 minutes as necessary for the duration of the arrest)
4. Amiodarone to be administered for sustained or recurrent VF/VT (after EPINEPHrine and defibrillation in the 2 minute CPR cycles). The first dose of Amiodarone is 300 mg IV/IO bolus, with repeat doses of 150 mg IV/IO bolus in 2- 4 minutes for sustained or recurrent VF/VT
5. Ensure physician aware and may receive order for further doses of Amiodarone to continue throughout arrest

See [Appendix A](#)

### **Specific conditions/circumstances that must be met before the Directive can be implemented**

The physician must not be immediately available.

### **The following are contraindications to the administration of medications within this Directive:**

1. Documented allergy to the medications being administered

### **The following are contraindications to the implementation of the Directive:**

1. A Clearly expressed and documented advanced directive from the patient to not have resuscitation attempted as per the Resuscitation Status Policy.
2. Any aspect of the directive that contradicts the personalized preferences in accordance to the patient (or substitute decision maker). For example, that a defibrillation device not be utilized in the attempted resuscitation.

### **Identify relevant Delegated Control Act or Added Skill associated with this Directive**

Applying a form of energy- electricity for defibrillation.

### **Documentation requirements**

Documentation of the initiation of the Adult Cardiac Arrest medical directive must be provided on the physician order sheet and in the health professional's documentation section of the patient chart.

Document on Code Blue Record as required.

### **Review/Evaluation Process (how often/by who)**

The medical directive will be reviewed every 2 years by the Section Chief of Critical Care and the Adult Resuscitation Committee.



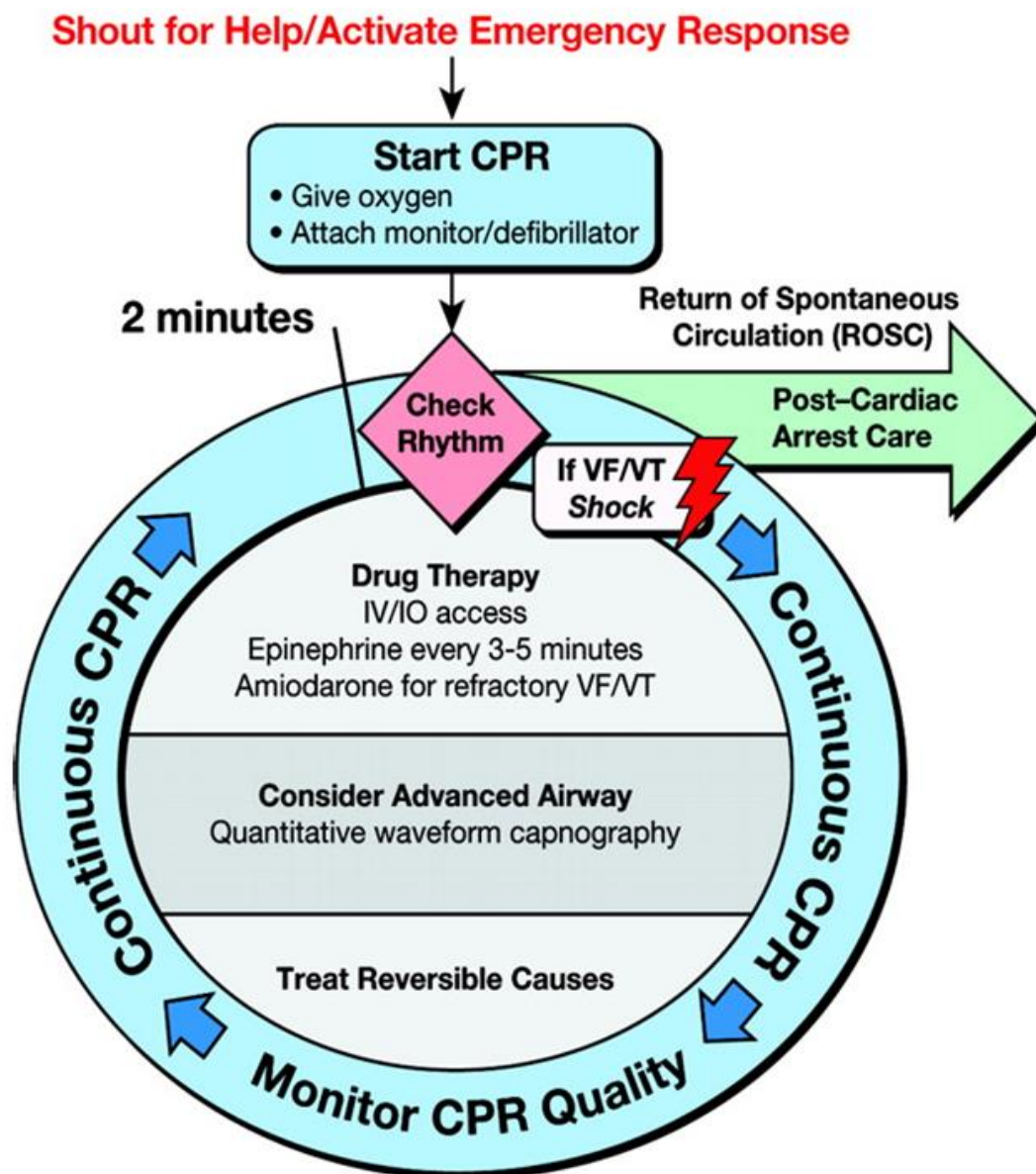
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### Appendix A:

## Adult Cardiac Arrest



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#### **Related Documents**

Resuscitation Status Policy

IV Monographs

#### **References**

American Heart Association (2010). Retrieved February 2011 <http://acls-algorithms.com/>

College of Nurses of Ontario (2009). Legislation and Regulation RHPA: Scope of practice, controlled acts model. Reference document Retrieved July 28, 2009, from College of Nurses of Ontario Web site: [http://www.cno.org/docs/policy/41052\\_RHPAScope.pdf](http://www.cno.org/docs/policy/41052_RHPAScope.pdf)