



### Authorizing Prescriber(s)

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

### Authorized to Whom

All healthcare providers regulated by the Regulated Health Professional Act (RHPA) who have successfully completed the annual certification process for Basic Life Support (BLS) inclusive of education in the application and use of an AED.

### Patient Description/Population

Any patient or non-patient in a pulseless cardiac arrest situation

- Unresponsive
- Absent or abnormal breathing (no breathing or only gasping)
- No obvious detectable pulse (check for 5-10 seconds)
- Excludes patients less than 1 year of age

### Order and/or Procedure

These procedures may be performed by an authorized healthcare professional until either an appropriate emergency response or an authorized prescriber is present.

Regulated Healthcare Providers (RHCP) will immediately commence CPR upon discovery of a cardiac arrest situation and activate Code Blue/Code Pink/Code Blue Paediatric as appropriate by site. Once available, turn on the AED and follow the verbal instructions. Refer to AED Utilization Procedures.

1. Apply the defibrillation pads to the patient's bare chest, ensuring that there is minimal interruption to chest compressions.
2. Follow all verbal instructions as the AED will automatically analyze the cardiac rhythm and advise the appropriate action.
3. During analysis discontinue bag valve mask (BVM) ventilation or rescue breathing and remove oxygen. Do not touch patient.
4. If a shock is advised, continue compressions while AED is charging. The RHCP must call out "**ALL CLEAR**". The RHCP will conduct a visual check to ensure that no one is in physical contact with the patient and oxygen has been removed from patient and is off the bed/stretchers before the shock is delivered.



5. Continue to follow the instruction provided by the AED. Resume chest compressions and airway management/ventilation as appropriate. Follow BLS guidelines.
6. Ensure Most Responsible Practitioner (MRP) is aware of the treatment initiated.

Refer to [Appendix A](#)

### **Indications to the Implementation of the Directive**

- Any patient or non-patient in a pulseless cardiac arrest situation.
- Physician must not be readily available.

### **Contraindications to the Implementation of the Directive**

The directive must not be implemented in the following circumstances.

Patient's advance care planning contraindicates these treatments:

- A clearly expressed and documented advanced directive from the patient to not have resuscitation attempted as per the Resuscitation Status Policy.
- 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.

### **Consent**

The RHCP implementing the directive must obtain consent, if the patient is capable of providing it. In an emergency situation, if the patient is not capable of providing consent, the RHCP may administer treatment without consent if, in his or her opinion, all of the following are true:

- The person is incapable with respect to the treatment;
- The person is experiencing severe suffering or is at risk, if the treatment is not administered promptly, of suffering serious bodily harm; and
- It is not reasonably possible to obtain a consent or refusal on the person's behalf, or the delay required to do so will prolong the suffering that the person is experiencing or will put the person at risk of suffering serious bodily harm.

### **Identify relevant Delegated Control Act associated with this Directive**

The application or ordering the application of a form of energy prescribed by the regulations under the RHPA 1991.

### **Documentation Requirements**

In addition to standard documentation practices, the RHCP implementing this directive must document the following in the order section of the patient's health record:

- The procedure performed on the patient
- The name of this medical directive



- The name of the implementer
- The date and time
- Legible signature of implementer including credentials

Document on the Resuscitation Record.

### **Review/Evaluation Process**

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

### **References**

College of Nurses of Ontario (2017). *Legislation and regulation RHPA: Scope of practice, controlled acts model*. Retrieved from

[http://www.cno.org/globalassets/docs/policy/41052\\_rhpascope.pdf](http://www.cno.org/globalassets/docs/policy/41052_rhpascope.pdf)

Government of Ontario (2017). *Regulated health professions act, 1991S.O. 1992, chapter 18*. Retrieved from <https://www.ontario.ca/laws/statute/91r18>

Heart & Stroke Foundation™ (2016). *Basic life support provider manual*. 2015 Heart & Stroke Foundation™ Canadian Guidelines. © 2016 American Heart Association.

Rouge Valley Health System (2016). *Medical directives & delegated controlled acts-application of electrical energy in a cardiac arrest*. Rouge Valley Health System Administrative Manual.

**Appendices**

**Appendix A:**



**Automated External Defibrillation (AED)**

