

# Central East Prehospital Care Program

## MEMORANDUM

**TO:** All Durham Paramedics

**FROM:** Dr P Moran  
Medical Advisory Committee CEPCP

**DATE:** 2012 10 01

**RE:** ROC Continuous Cardiac Compressions (CCC) Study update

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On **November 1<sup>st</sup>**, with the start of day shift, the changeover from the provision of continuous cardiac compressions to standard CPR (30 compressions to 2 ventilations) will take place. There is no reprogramming of the Zolls required. It is only the delivery of chest compressions and ventilations that is changing, everything else remains the same.

Regarding 30:2 CPR:

- Following the completion of 30 compressions, a pause is expected for the delivery of 2 ventilations. This pause should be limited to approximately 2 seconds.

Key points and reminders:

- Power on the cardiac monitor as soon as the patient is confirmed to be pulseless and record the time of arrest in your documentation.
- Analyze as soon as possible after the attachment of the pads.
- Minimize interruptions in delivering high quality chest compressions.
- Perform chest compressions during the charge cycle of a defibrillation to minimize the peri-shock period.
- Where feasible, delay the insertion of an advanced airway (King LT or endotracheal intubation) until after the 3<sup>rd</sup> full cycle of CPR is delivered or the 4<sup>th</sup> analysis is completed
- Utilize ETCO<sub>2</sub> where possible as an early indicator of ROSC.
- ACPs: initiate IV access early and administer epinephrine (less than 10 minutes from patient contact)

Please contact our office should you have additional questions or concerns.