

**MEHLVILLE FIRE PROTECTION DISTRICT
EMERGENCY MEDICAL SERVICES
GUIDELINES FOR PREHOSPITAL EMERGENCY CARE**

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**SUBJECT: 700.15 ORIGINAL ISSUE 8/14
CARDIAC EMERGENCIES: LATEST REVISION 11/16
PIT CREW CPR MODEL**

Overview:

The Mehlville Fire Protection District will care for patients suffering cardiac arrest by assigning roles and responsibilities to each crew member according to this protocol.

Goals of this Protocol

- To provide high quality CPR with minimal interruptions. CPR should be stopped no more than 15 seconds per 2 minute cycle.
- To standardize the response to cardiac arrest patients in order to minimize interruptions in chest compressions and prioritize critical tasks.
- To provide flexibility while maintaining standardization. The protocol will address crew responsibilities in several situations, including; When the pumper crew arrives before the ambulance, when the ambulance arrives before the pumper and when the pumper and the ambulance arrive together.

The Pit Crew Model

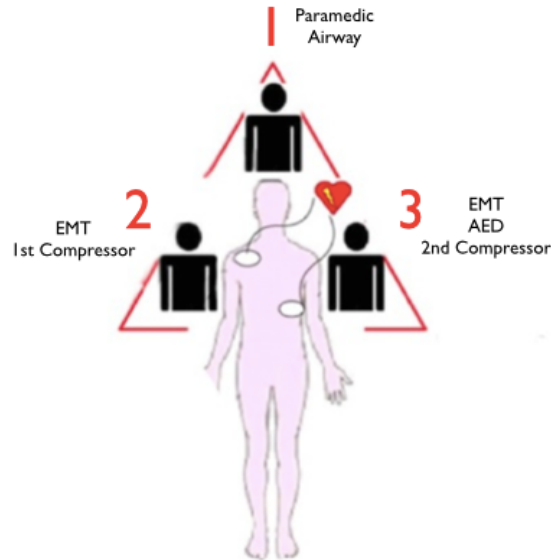
- The Zoll Monitor will be used in AED mode.
- A supraglottic airway or endotracheal tube will be used. Chest compressions should not be stopped to place the airway chosen. For this reason, the supraglottic airway is preferred.
- Chest compressions should not be stopped for ventilations. The patient should be ventilated every 6 seconds.
- Chest compressions should be at a rate of 100-120 per minute. The metronome function on the Zoll monitor or AED will be used to pace compression rate.
- Compressions will not be stopped to obtain IV access. An intraosseous line in the right lower extremity is the preferred method of access provided there are no contraindications.
- Chest compressions should only be interrupted every 2 minutes for the AED to assess the patient and see if a shock is advised. This pause in compressions should take no more than 15 seconds.
- End tidal CO₂ and waveform capnography will be used throughout the resuscitation. The end tidal co₂ and vaveform capnography data will be recorded in and uploaded to the ePCR.
- The ResQPOD device will be used on all codes after an advanced airway is placed. The ResQPOD will be applied directly to the SGA or ETT. Ventilations will be given when indicated by the timing lights. The ResQPOD device will be removed if ROSC is obtained.

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CARDIAC EMERGENCIES:
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If The Pumper Arrives First or With The Ambulance



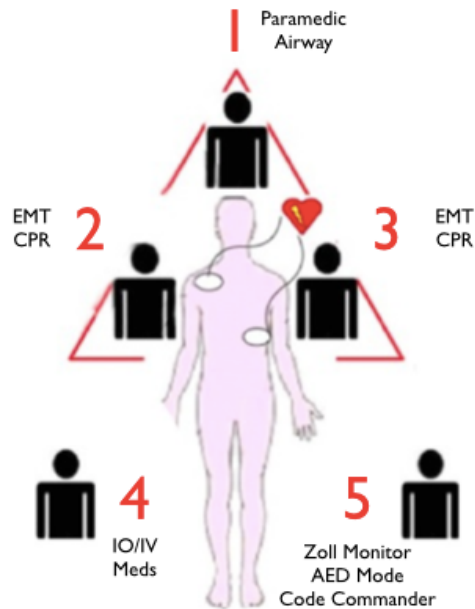
- The pumper crew will always maintain a triangular configuration around the patient and occupy positions 1,2 and 3.
- The paramedic on the pumper will move to position 1 on arrival and place an advanced airway. An advance airway includes a supraglottic airway or endotracheal tube. A supraglottic airway is preferred. Compressions should not be stopped to secure the airway. The paramedic will then ventilate the patient every 6-8 seconds in a manner that is asynchronous with chest compressions.
- Another member of the pumper crew will occupy position number 2. This crew member will check for a pulse and if the patient is in cardiac arrest they will immediately begin chest compressions at a rate of 100 per minute.
- The third crew member on the pumper will occupy position 3 and apply and operate the AED.
- When the AED is applied and activated it will assess the patient to determine if a shock is necessary. Position number 2 will stop compressions for this analysis. Once this analysis is complete the AED may recommend a shock be delivered. Once the shock is delivered (or if a shock is not advised), compressions should be resumed by the crew member in position 3.
- The crew members in positions 2 and 3 will take turns doing 2 minutes of compressions (100 compressions per minute).
- After a crew member has completed 2 minutes of compressions, they should switch positions with the person in position 1. This will ensure that no crew member will have to do more than 2 minutes of compressions in a six minute period.

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When The Ambulance Arrives



- When the ambulance arrives, the driver will assume position 4 and obtain IV or IO access. An intraosseous line in the right leg is preferred unless there are any contraindications. This medic will then be in charge of giving medications. They can also obtain history from the family, contact the hospital or go for equipment if necessary.

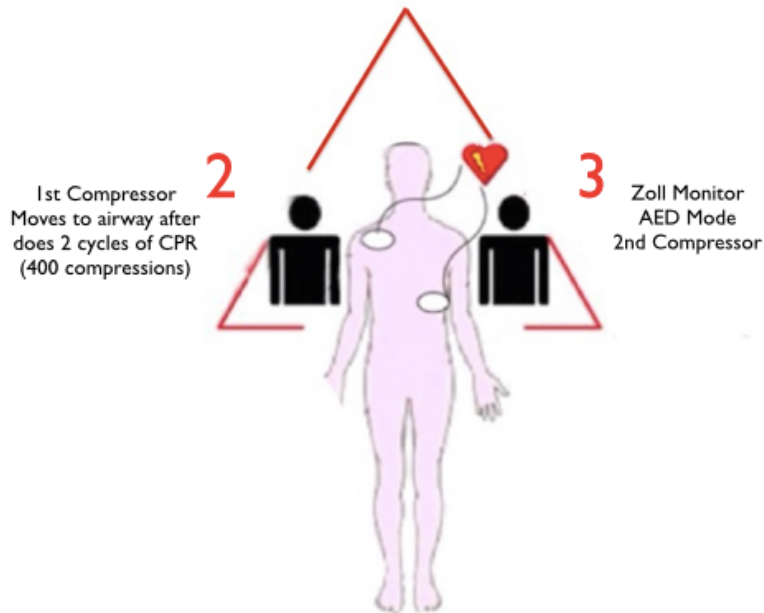
The technician on the ambulance will assume position 5 and operate the Zoll monitor in AED mode. This person will assume the role of code commander and will give instructions to the other team members, order medications and supervise the resuscitation.

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When The Ambulance Arrives First



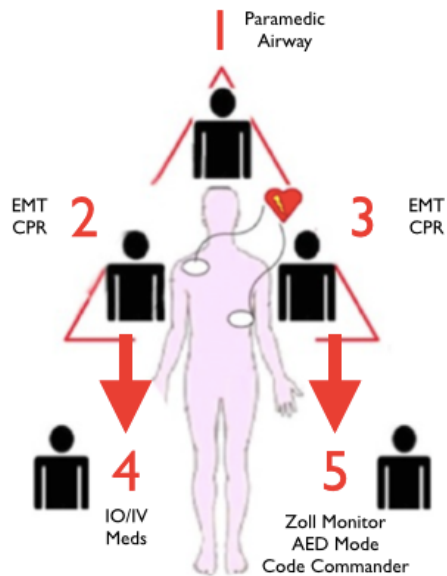
- The crew will occupy positions 2 and 3 on arrival.
- The medic in position 2 will check for a pulse and begin chest compressions at a rate of 100 per minute.
- The medic in position 3 will attach the Zoll monitor and switch it to AED mode.
- The AED will advise if a shock is needed. If recommended a shock should be delivered. After the shock or if no shock is advised, the medic in position 3 should do 2 minutes of chest compressions.
- The medics should alternate back and forth doing chest compressions for 2 minutes.
- After the medic in position 2 has done 2 cycles of chest compressions, they may move to position 1 and place an advanced airway.

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When The Pumper Arrives



- When the pumper arrives, the crew will occupy positions 1, 2 and 3. The ambulance crew will slide down to positions 4 and 5.
- Compressions should not be stopped to make this change. If a member of the ambulance crew is in the middle of their 2 minute cycle of chest compressions when the pumper arrives, they should finish the 2 minutes before moving.