



Pit Crew CPR, Cardiac Arrest, Post Resuscitation Checklists

Refer to Cardiac Arrest related Clinical Guidelines as needed.

Team Leader's Pit Crew Checklist

Adult Pit Crew (≥ 37 kg or ≥ 81 lbs.)

1. Initial Actions (Goal < 30 sec)

- Assess for cardiac arrest (1,2)
- Move patient to adequate space (1,2,3)
- Power on AED (2,4)
- Narrate all actions (2,4)

2. CPR / BVM - 1st set (Goal ~ 2 min)

- 100 manual compressions (1)
- Place CPR feedback puck (2)
- Assemble BVM & place OPA & N/C @ 25lpm(3)
- Turn on vent. timing light & metronome (2)
- Place AED pads & connect (2)
- Squeeze bag using timing light (1,2)
- 2nd set 100 manual compressions (2)
- Remaining compressions if needed (1)

3. AED / Shock —1st (Goal < 15 sec)

- Check carotid pulse during analysis (1)
- Clear patient & deliver shock if indicated (2)
- Resume chest compressions (1)

4. CPR—2nd set (Goal ~ 2 min)

- 100 manual compressions (1)
- Squeeze bag using timing light (1,2)
- Prepare BIAD (2)
- 2nd set 100 manual compressions (2)
- Remaining compressions if needed (1)

5. AED / Shock—2nd (Goal < 15 sec)

- Check carotid pulse during analysis (1)
- Clear patient & deliver shock if indicated(2)
- Hold bag after connected to I-gel (3)
- Resume chest compressions (1)

6. CPR & BIAD- 3rd set (Goal ~ 2 min)

- 100 manual compressions (1)
- Squeeze bag using timing light (3)
- Insert BIAD w/o stopping CPR (3)
- 2nd set 100 manual compressions (2)
- Remaining compressions if needed (1)

Repeat steps 5 & 6 until ROSC/TOR/TSP.

numbers in parentheses refer to Positions

Pediatric and Infant Pit Crew

(> 5 days and <37 kg or < 81 lbs.)

1. Initial Actions (Goal < 30 sec)

- Assess for cardiac arrest (1,2)
- Move patient to adequate space (1,2,3)
- Power on AED (2,4)
- Narrate all actions (2,4)

2. CPR / BVM - 1st set (Goal ~ 2 min)

- 100 manual compressions (1)
- Open/clear airway, assemble BVM ASAP and ventilate on room air once every 3-4 seconds (3)
- Turn on Pedi vent. timing light & metronome (2)
- Place AED pads & connect (2)
- 2nd set 100 manual compressions (2)
- Remaining compressions if needed (1)

3. AED / Shock —1st (Goal < 15 sec)

- Check carotid or brachial pulse during analysis (1)
- Clear patient & deliver shock if indicated (2)
- Resume chest compressions (1)

4. CPR & OPA/O2—2nd set (Goal ~ 2 min)

- 100 manual compressions (1)
- If not already done, move to 2 handed mask seal (3)
- Squeeze bag on count by P3 or Pedi timing light(1,2)
- Assist P3 with adding OPA & N/C @ 25lpm and connect tubing to O2 as soon as available (1, 2, 4)
- 2nd set 100 manual compressions (2)
- Remaining compressions if needed (1)

5. AED / Shock—2nd (Goal < 15 sec)

- Check carotid pulse during analysis (1)
- Clear patient & deliver shock if indicated (2)
- Resume chest compressions (1)

6. CPR - 3rd set (Goal ~ 2 min)

- 100 manual compressions (1)
- Squeeze bag on count by P3 or timing light (1,2)
- 2nd set 100 manual compressions (2)
- Remaining compressions if needed (1)

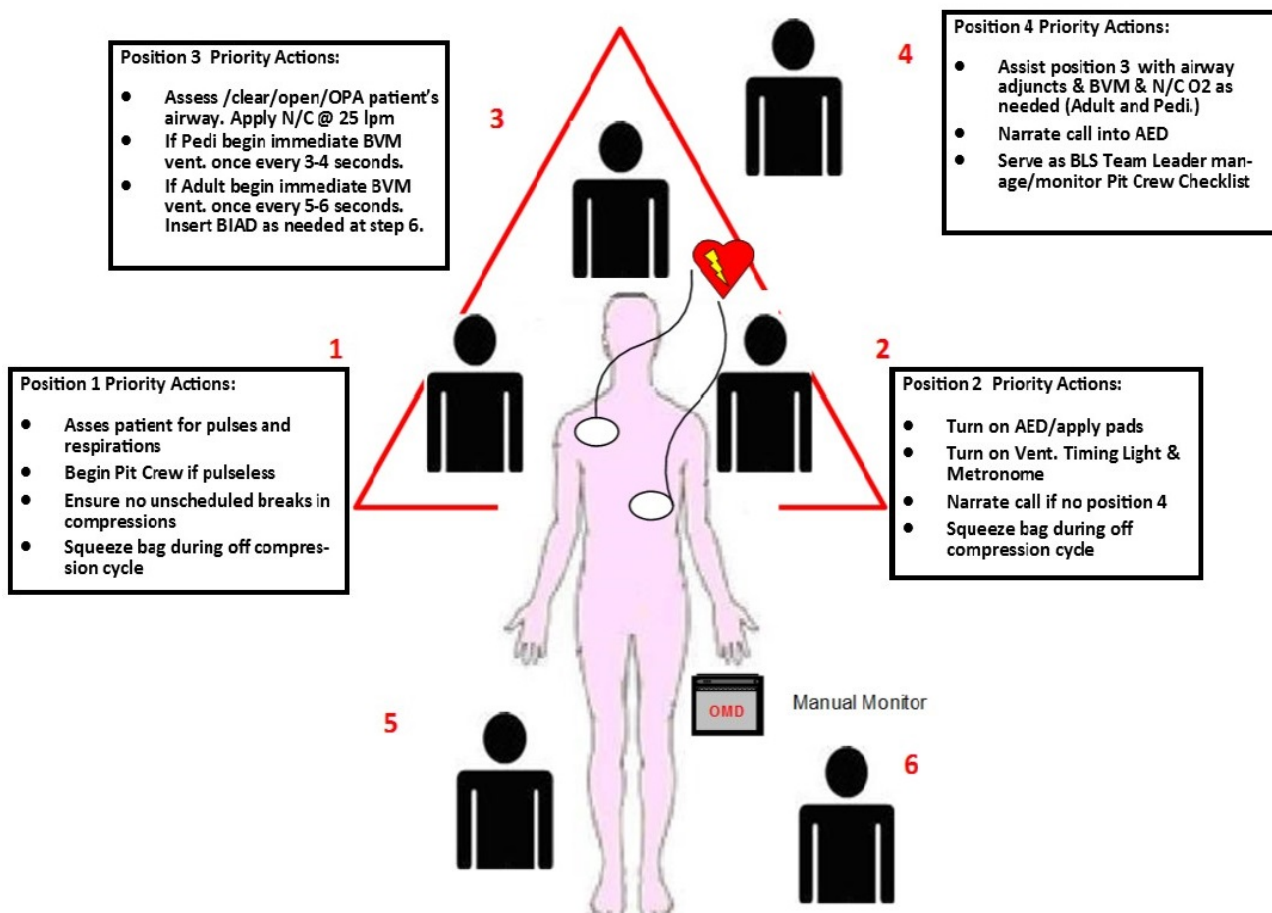
Repeat steps 5 & 6 until ROSC/TOR/TSP.

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CPR Procedure





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Cardiac Arrest Checklist

- Pit crew positions identified
- Continuous compressions being performed with metronome
- Ventilation timing device attached
- Nasal cannula & BVM are attached to oxygen and is flowing
- Monitor screen visible to compressors and Code Commander
- Code Commander is identified and position at the monitor
- BVM mask attached to tubing if not being used
- EtCO₂ waveform is present and being monitored
- IV/IO access has been obtained
- Gastric distension has been considered and [addressed](#) as needed
- Family is receiving care and is at the patient's side

[Treatable Causes & Differentials:](#)

- | | |
|---|--|
| <input type="checkbox"/> Hypovolemia | <input type="checkbox"/> Toxins/Tablets (Beta blockers, Narcotics) |
| <input type="checkbox"/> Hypoxia (CO, Cyanide) | <input type="checkbox"/> Tamponade |
| <input type="checkbox"/> Hydrogen ions (Acidosis) | <input type="checkbox"/> Tension Pneumothorax |
| <input type="checkbox"/> Hypothermia | <input type="checkbox"/> Thrombosis (MI) |
| <input type="checkbox"/> Hyper/hypokalemia | <input type="checkbox"/> Thrombosis (PE) |
| <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Trauma |

Post Resuscitation / ROSC Checklist

- Reassess patient and obtain vital signs
- Does the patient meet all criteria for [Targeted Temperature Management?](#)
 - ROSC
 - ≥ 37 kg
 - Non-traumatic cause
 - No suspected hemorrhagic cause
 - Temp > 34 C (93.2 F)
 - Unable to follow commands
- Airway confirmed continuously and with each move
- Oxygen target 96-92%
- Continuous EtCO₂ and ECG monitoring
- 12-lead ECG, if STEMI then transmit 12-lead ASAP
- Resuscitation Alert / [STEMI Alert](#) declared
- [Ketamine](#) / [Versed](#) / [Rocuronium](#) if no hypotension (advanced airway only)
- [Levophed](#) to MAP ≥ 65
- If ice packs are needed, apply to neck, axilla, groin
- If Cold saline infused 30 ml/kg max 2 L
- Controlled ventilation < 12 bpm
- Adequate personnel for transport
- If loss of ROSC, then go to appropriate guideline



Pit Crew CPR, Cardiac Arrest, Post Resuscitation Checklists

Medical Arrest Termination of Resuscitation Checklist

Medical Arrest: Termination of Resuscitation (> 30 minutes) Checklist:

- Adequate CPR has been administered
- Airway managed with ET, BIAD, Cric
- IV/IO access has been achieved
- Rhythm appropriate medications and treatment administered
- Identified reversible causes have been addressed
- Ultrasound, when available, to determine ventricular wall motion
- Failure to establish sustained ROSC at any time
- Failure to establish recurring/persistent v-fib
- Arrest not due to suspected hypothermia
- Providers agree with decision to cease efforts

Contact OLMC for Termination of Resuscitation

Trauma Arrest Termination of Resuscitation Checklist

Trauma Arrest: Termination of Resuscitation or Withholding of Resuscitation Checklist:

- Obvious injuries incompatible with life and/or obvious signs of organ destruction
- Patient is pulseless and apneic on arrival of first provider, and
- Lacks respiratory effort after basic airway maneuvers, and
- Identified reversible causes have been addressed, and
- Medical cause of arrest has been considered.

Contact OLMC for Termination of Resuscitation if CPR was started by System Providers

In all cases/circumstances continue CPR if started or continued by System Provider / Responder while obtaining Termination of Resuscitation

- The lead \geq PL5 based upon patient presentation, clinical circumstances and their clinical judgement may contact OLMC for Termination of Resuscitation with < 30 minutes of resuscitation.