

**West Michigan Regional MCC
Procedures
CARDIOCEREBRAL RESUSCITATION (CCR) SUPPLEMENT
TO HIGH PERFORMANCE CPR (HP-CPR)**

Date: May 15, 2016

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Cardiocerebral Resuscitation (CCR) Supplement to High Performance CPR (HC-CPR) - Optional

This procedure should be followed for all adult cardiac arrest patients (patients 8 years of age or older) who appear to be victims of sudden cardiac arrest (known or suspected cardiac in origin). This protocol modifies the **High-Performance CPR (HP-CPR) Protocol**.

Adopting MCAs will have an “X” under their MCA name. If no “X” is present, the MCA has not approved or adopted the protocol.

Allegan	Barry	Clare	Ionia	Isabella	Kent	Mason
			X			X
Montcalm	Muskegon	N. Central	Newaygo	Oceana	Ottawa	
X			X	X	X	

Exclusion

1. Less than 8 years of age – See **Pediatric Cardiac Arrest – General Protocol**.
2. Traumatic arrest or drowning – See **Cardiac Arrest – General Protocol**.
3. Where evidence/history of primary respiratory arrest is present – See **Cardiac Arrest – General Protocol**.
4. Meeting Dead on Scene criteria: Decapitated, burned **beyond** recognition, decomposed, VALID Prehospital Advanced Directive – See **Dead on Scene Protocol**.

Pre-Medical Control

MFR/EMT/SPECIALIST/PARAMEDIC

1. If patient meets ANY exclusion criteria, follow **Cardiac Arrest - General Protocol**.
2. If patient meets inclusion criteria and is pulseless:
 - a. Initiate immediate Cardiocerebral Resuscitation delivering 200 to 240 forceful, **uninterrupted** chest compressions in 2 minutes.
 - b. Establish airway with an OPA/NPA.
 - c. Administer supplemental oxygen via Nonbreather Mask with 100% high flow oxygen.
Note: If adequate bystander compressions are being performed, apply pads **without interrupting compressions** and analyze rhythm.
3. Complete a total of three (3) cycles of Cardiocerebral Resuscitation. Analyze rhythm between each compression cycle and defibrillate between each compression cycle, if indicated, with appropriate energy settings per manufacturer.
4. After third (3) Cardiocerebral Resuscitation cycle, follow **Cardiac Arrest – General Protocol** and rhythm specific protocol.

PARAMEDIC

5. Establish IV/IO access and administer Epinephrine 1:10,000, 1 mg/10mL IV/IO as early as possible. Repeat with each cycle of compressions **without interrupting compressions**.

MCA Name: Kent County EMS, Inc.
MCA Board Approval Date: 4/9/2018
MDHHS Approval Date: 7/1/2018
MCA Implementation Date:

Section 7.26 (S)

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Inclusion

ALL patients 8 years of age or older who appear to **be** the victims of sudden cardiac **arrest/death**.

EXCLUSION

- Less than 8 years of age – *See Pediatric Cardiac Arrest - General*
- Traumatic arrest or drowning – *See Cardiac Arrest General*
- Where evidence/history of primary respiratory arrest is present – *See Cardiac Arrest General*
- Meeting Dead on Scene criteria: Decapitated, burned **beyond** recognition, Decomposed, VALID Prehospital Advanced **Directive** – *See Dead on Scene Protocol*

If **NO** exclusion criteria apply

ORDERS

- Perform 200-240 forceful, uninterrupted chest compressions in 2 minutes
- Establish airway with **OPA/NPA**
- Apply non-rebreather mask with 100% high flow **O₂**
- If adequate bystander compressions are being provided, apply **pads** without interrupting compressions, analyze **rhythm**.
- With Severe **Hypothermia** (below 86°F / 30°C) use caution, *consider Hypothermia Protocol*

Complete three (3) cycles of **200-240 compressions, analyze and, if appropriate, defibrillate** between each **cycle**.

Paramedic

****Administer 1mg IV/IO Epinephrine 1:10,000** as **early as possible with** each cycle without interrupting compressions.

After third compression Cycle, follow Cardiac Arrest General Protocol & Rhythm specific protocol.

If ROSC, *See Cardiac Arrest – ROSC Protocol*