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## MEMORANDUM

**State Designated Medical  
Control Authority  
Representing**

Aero Med  
Ada Twp Fire Dept  
Algoma Twp Fire Dept  
Alpine Twp Fire Dept  
Alto Fire Dept  
American Medical Response  
Rockford Ambulance  
Byron Twp Fire Dept  
Caledonia Twp Fire Dept  
Cannon Twp Fire Dept  
Cascade Twp Fire Dept  
Cedar Springs Fire Dept  
Chester Twp Fire Dept  
Courtland Fire Dept  
Cutlerville Fire Dept  
Dutton Fire Dept  
East Grand Rapids Dept  
of Public Safety  
Gerald R. Ford International Airport  
Grand Rapids Fire Dept  
Grand Rapids Twp Fire Dept  
Grandville Fire Dept  
Grattan Twp Fire Dept  
Kent City Fire Dept  
Kentwood Fire Dept  
Life EMS Ambulance  
Lowell Fire Dept  
Mercy Health Saint Mary's  
Metro Health Hospital  
Oakfield Twp Fire Dept  
Plainfield Twp Fire Dept  
Rockford Ambulance Service  
Rockford Fire Dept  
Sand Lake Fire Dept  
Solon Twp Fire Dept  
Sparta Fire Dept  
Spectrum Health -  
Butterworth Campus  
Spectrum Health -  
Blodgett Campus  
Spencer Fire Dept  
Walker Fire Dept  
Walker Police Dept  
Wright-Tallmadge Twp Fire Dept  
Wyoming Fire Dept

DATE: December 14<sup>th</sup>, 2018  
TO: All Kent County Life Support Agencies and Providers  
FROM: Dr. Todd Chassee, MD, FACEP  
SUBJ: Early Transport of Refractory VF/Pulseless VT

### Background

Refractory VF/ Pulseless VT cardiac arrests in out-of-hospital-cardiac-arrest (OHCA) create multiple resuscitation challenges that may require additional resources not needed during other types of cardiac arrest resuscitation. Such resources include additional medications, staffing needs due to prolonged resuscitation time, & advanced treatments options like ECMO.

### Intent

The intent of this memo is to provide Kent County responders direction for early contact of medical control for transport considerations during a refractory VF/Pulseless VT resuscitation.

### Expectations

Kent County providers who are actively providing resuscitation efforts to patients that are in refractory VF/Pulseless VT and less than 70 years old after 3 defibrillations should consider contacting medical control earlier than normal for the possibility of transportation to a hospital for advanced treatments.

Information needed during consultation with Medical Control for consideration of early transport:

1. Was the arrest witnessed or unwitnessed.
2. Was the initial presenting rhythm shockable (either AED or EKG)
3. At least 3 defibrillations without sustained ROSC
4. Did the patient receive Amiodarone?
5. Transfer time from collapse to ED arrival is less than 60 minutes?
6. Automatic CPR device available for use during transport?