

**West Michigan Regional MCC
ADULT CARDIAC**

CARDIAC ARREST – GENERAL SPECIAL CONSIDERATIONS SUPPLEMENT

Initial Date: 4/1/2024

Revised Date:


Section 5-1(s)

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
Montcalm	Muskegon	Lake Mecosta Osceola	Newaygo	Oceana	Ottawa	

Purpose: To provide additional direction for cardiac arrest patients involving special circumstances.

Hypothermia Cardiac Arrest

1. Follow **General Pre-hospital Care Protocol**.
2. Confirm cardiac arrest, begin CPR.
3. **Follow Cardiac Arrest – General or Pediatric Cardiac Arrest – General**
 - a. Defibrillation and medication administration should NOT be delayed or limited regardless of core temperature
4. Assess body temperature. If temperature is less than 30° C (86° F),
 - a. Protect against heat loss.
 - b. Actively work to rewarm the patient to a temperature above 30°C [86°F] without delaying additional treatment.
 - i. Apply heat packs, if available, to axillae, groin, and neck.
 - c. Administer warmed humidified oxygen, if possible.
 - d. Administer warmed NS IV/IO, if possible.
5. **Contact online medical control and consider early transport per the Destination and Diversion Policy.**
6.  Consider the use of a mechanical chest compression device (MCCD) during transport to maximize the safety of the EMS clinicians and effectiveness of compressions.

Perinatal Maternal Cardiac Arrest

If this also results in a neonatal cardiac arrest, follow the **Newborn and Neonatal Assessment and Resuscitation Protocol**.

1. Follow **General Pre-hospital Care Protocol**.
2. Confirm cardiac arrest, begin CPR.
3. If the gestation period is greater than 20 weeks, or the fundal height is at the level of the umbilicus, manual left uterine displacement is to be performed to reduce compression of vena cava. (Images below illustrate best practices)

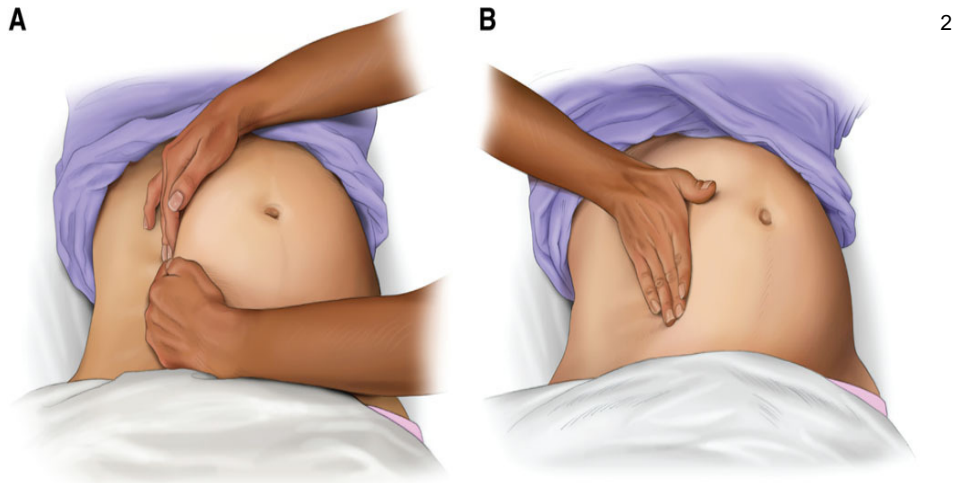
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- a. If manual left uterine displacement is not able to be performed due to a limited number of EMS clinicians, then the patient is to be rolled onto a backboard and positioned onto her right side, supported in a 15 – 30 degree angle while not delaying chest compressions.¹

4. Continue resuscitation by following the **Cardiac Arrest – General Protocol**.



5. Early Contact of Medical Control is encouraged for the following:
 - a. Further orders for onscene treatment,
 - b. Early transport to an appropriate facility capable of perimortem cesarean delivery (PMCD) in consultation with online Medical Control and the **Destination and Diversion Policy**.
6. Consider the use of an mechanical chest compression device (MCCD) during transport to maximize the safety of the EMS clinicians and effectiveness of compressions.

NOTE: In cases of prehospital maternal arrest, early rapid transport directly to a facility capable of perimortem cesarean delivery (PMCD) and neonatal resuscitation, with early activation of the receiving facility's adult resuscitation, obstetric, and neonatal resuscitation teams, provides the best chance for a successful outcome.

¹ Jeejeebhoy, F., et al. April 3, 2024. Cardiac Arrest in Pregnancy, A Scientific Statement From the American Heart Association. *Circulation*. November 3, 2015, Volume132:1747–1773. <https://doi.org/10.1161/CIR.0000000000000300>.

² Ashish R. Panchal. (IMAGE). *Circulation*. Part 3: Adult Basic and Advanced Life Support: 2020 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care, Volume: 142, Issue: 16_suppl_2, Pages: S366-S468, DOI: (10.1161/CIR.0000000000000916)