NORTH COAST EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES

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Subject: Treatment Guidelines - CPR Assist Device

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I. Indications:

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A. Medical and/or Traumatic cardiac arrest where manual CPR is indicated

II. Contraindications:

A. If unable to correctly position the device due to the size of the patient's chest due to being too large or too small.

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III. Procedure:

- A. Initiate resuscitative measures according to the Cardiac Arrest Policy # 6005 or Traumatic Cardiac Arrest Policy # 6015.
- B. DO NOT attempt placement of the mechanical chest compression device until the second (2nd) cycle of manual compressions. Attempt to limit interruptions to less than ten seconds or less.
- C. Attempt to have at least three (3) rescuers available to place the device to minimize interruptions in chest compressions.
- D. DO NOT delay defibrillation to place the device. After the device is placed, defibrillation can be performed with the mechanical chest compression device in place.
- E. Remove all clothing from the front and back of the patient's torso.
- F. Follow all manufacturer recommendations for application and use of the mechanical compression device.
- G. In the event of disruption or malfunction of the mechanical chest compression device, immediately revert to manual CPR.

VI. Special Information:

- A. Personnel that deploy a mechanical chest compression device shall ensure that a person who is trained and qualified to use the device accompanies the patient to the hospital.
- B. Agencies using a mechanical chest compression device will ensure that all personnel are trained on the device prior to its use.
- C. Providers shall immediately remove from service any device suspected of malfunctioning.
- D. Use of a mechanical chest compression device will be documented in the ePCR.

Approved:	Less,	Date: /- 22- 2/
Approved as to	Form. Zkarstedy	Date: /-22-21