

## SAEMS PREHOSPITAL PROTOCOLS

### CARDIAC RECEIVING CENTER (CRC) TRIAGE PROTOCOL

- I. Patients with an unstable airway should be transported to the closest facility
- II. Any non-traumatic Out of Hospital Cardiac Arrest (OHCA) patient with a Return of Spontaneous Circulation (ROSC) should be transported to a Regional Cardiac Receiving Center if all of the following inclusion criteria are met:

#### **Inclusion Criteria**

- Adult (age 18 or older) not known to be pregnant
- Palpable pulse or other evidence of spontaneous circulation after nontraumatic OHCA
- GCS less than 8 after ROSC
- Less than 30 minutes of CPR performed prior to EMS arrival
- No uncontrolled hemorrhage
- No persistent unstable arrhythmia
- No evidence of severe hypothermia related arrhythmia
- No Prehospital advance directive for withholding care

#### III. POST CARDIAC ARREST CARE

- A. The following guidelines should be used when transporting to a Cardiac Receiving Center. EMS personnel will notify the CRC as soon as possible
  - Maintain ventilation rate of 10 breaths per minute
  - Consider antiarrhythmic medication
  - Do NOT actively warm patients
  - Consider dopamine for persistent hypotension
  - Perform 12 lead if available

#### IV. SPECIAL NOTES

- A. Transport to a CRC when feasible, resources available, and less than 15 minutes is added to the transport time when compared to transport to a non-CRC.
- B. Cardiac Receiving Centers are designated by the State of Arizona Department of Health Services based upon their ability to deliver therapeutic hypothermia and 24/7 cardiac catheterization. **(In Tucson: NMC, TMC, SJH, SMH, Banner UMC-T)**
- C. In outlying areas with a transport time of greater than 30 minutes to a CRC, transport the patient to the closest facility, or consider air transport directly to a CRC.