CARDIAC EVENT OR ARREST

I. DEFINITION:
   A. Cessation of heartbeat
   B. Inadequate cardiac output

II. ETIOLOGY:
   Cardiopulmonary arrest can be caused by a variety of factors that inhibit blood flow to the heart muscle causing tissue ischemia. Cardiac arrest is caused when the heart's electrical system malfunctions. Cardiac arrest can occur instantly or shortly after symptoms appear.

III. CLINICAL FEATURES:
   A. CARDIAC EVENT (Not all clients will have the same signs and symptoms):
      1. Complaints of crushing chest pain
      2. Difficulty breathing or unable to catch breath
      3. Pain or numbness in left arm
      4. Discomfort in the back, jaw, or neck
      5. Nausea and/or profuse sweating
   B. CARDIAC ARREST
      1. Sudden loss of responsiveness
      2. No pulse

IV. MANAGEMENT PLAN:
   A. Assess for unconsciousness, including Airway, Breathing, and Circulation.
   B. Instruct a staff member to activate local emergency system.
   C. Initiate cardiopulmonary resuscitation and AED if no respiration or heartbeat.
   D. If identified as due to administration of antigen, utilize PHYSICIAN APPROVED PROTOCOL: ANAPHYLAXIS for administration of epinephrine and diphenhydramine.
   E. If not due to administration of antigen:
      1. Continue CPR and use AED as indicated.
      2. Administer oxygen at 8-15 L/min by non-rebreather mask or 100% by ambu bag, as needed.
      3. Administer aspirin 325 mg tablet by mouth if the adult patient is conscious and there are no contraindications. Chewing the tablet for 30 seconds before swallowing is the most effective manner to administer in the event of cardiac arrest.
Cardiac Event/Arrest

a. **DO NOT** DELAY ACTIVATING 911 OR LOCAL EMERGENCY TO ADMINISTER ASPIRIN.

b. **DO NOT** ADMINISTER IF THE PATIENT IS ALLERGIC TO ASPIRIN OR UNCONSCIOUS.

c. **DO** ADMINISTER if the patient is already on daily aspirin therapy. An extra 325mg dose is needed as quickly as possible.

F. Transport as soon as possible. Send the following information with the client to the emergency room utilizing the attached Appendix. Place a copy of the completed Appendix in the client record.

1. Signs and symptoms prior to cardiac arrest
2. B/P, pulse and respiration
3. Age (DOB) and approximate weight of client
4. Flow rate and method of oxygen administration, if used
5. Utilize appendix to communicate information with emergency workers

G. Notify Medical Director or back-up physician, if not already on premises, to report client’s condition.

H. Document all information in client record.

I. Complete ODH Incident Form (ODH 33) and route per agency procedure.

J. Follow-up:

1. Contact emergency room/hospital regarding condition of client in 24 hours, if unknown.
2. Determine tracking priority using professional judgment.

REFERENCES:

American Heart Association, About Cardiac Arrest. Retrieved September 22, 2016, at http://www.heart.org/HEARTORG/Conditions/More/CardiacArrest/About-Cardiac-Arrest_UCM_307905_Article.jsp#.V-Qpkk2V9aQ

American Red Cross and American Heart Association Jointly Announce Revised First Aid Guidelines, National Headquarters, 2025 E Street, N.W., Washington, DC 20006. www.redcross.org

APPENDIX – CARDIAC EVENT OR ARREST (Non-allergic)

Today’s Date __________

Name ___________________________________________ DOB ___________ Gender M F
Last First MI

Address ____________________________________________

Time of symptom onset ____________ Time emergency system activated ____________ Time ambulance arrived ____________

Weight:  
Baseline vitals before occurrence (if applicable)

<table>
<thead>
<tr>
<th>Time of</th>
<th>BP</th>
<th>Pulse</th>
<th>Respirations</th>
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<tbody>
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</table>

Symptoms (including description of precipitating incident): __________________________

Baseline vitals before occurrence (if applicable)

<table>
<thead>
<tr>
<th>Time of</th>
<th>BP</th>
<th>Pulse</th>
<th>Respirations</th>
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<tbody>
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</table>

Vital Signs:

<table>
<thead>
<tr>
<th>Time</th>
<th>BP</th>
<th>Pulse</th>
<th>Respirations</th>
</tr>
</thead>
<tbody>
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Oxygen:

<table>
<thead>
<tr>
<th>Time begun</th>
<th></th>
<th>Aspirin 325 mg (adult only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mask</td>
<td></td>
<td>Time _________________</td>
</tr>
<tr>
<td>Ambu bag</td>
<td></td>
<td>Time _________________</td>
</tr>
<tr>
<td>Percentage</td>
<td></td>
<td>Time _________________</td>
</tr>
</tbody>
</table>

Time of Transport _______________ Where transported ________________________________

Nurse
Signature ____________________________________________

Nurse
Signature ____________________________________________