

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.

III. CLINICAL FEATURES (Not all clients will have the same signs and symptoms):

- A. Complaints of crushing chest pain
- B. Difficulty breathing or unable to catch breath
- C. Pain or numbness in left arm
- D. Discomfort in the back, jaw, or neck
- E. Nausea and/or profuse sweating

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. Notify Medical Director or back-up physician, if not already on premises, to report client's condition.
- E. If identified as due to administration of antigen, utilize PHYSICIAN APPROVED PROTOCOL: ANAPHYLAXIS for administration of epinephrine and diphenhydramine.
- F. 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.
 - 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.**

