CARDIAC EVENT OR ARREST

I. DEFINITION:

A. Cardiac arrest is the abrupt loss of heart function. Cessation of heartbeat

B. Cardiac event occurs refers to any incident that may cause damage to the heart muscle. It can be caused by a variety of factors that inhibit blood flow to the heart muscle causing ischemia when the circulating blood flow that brings oxygen to the heart muscle is severely reduced or cut off completely. Inadequate cardiac output

II. ETIOLOGY:

A. Cardiac arrest is caused when the heart’s electrical system malfunctions.

B. Cardiac event occurs when narrowed or blocked coronary arteries disrupt or starve blood flow and therefore oxygen to the heart muscle resulting in ischemia leading to myocardial infarction.

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. CARDIAC EVENT

1. If client/person is awake and oriented and has their own nitroglycerin medication on hand, assist them in taking the medication as prescribed (1-2 doses) at that time then wait 5 minutes before taking a third dose (Do not exceed 3 doses in 15 minutes)

2. Assess for unconsciousness, including Airway, Breathing, and Circulation.

B. CARDIAC ARREST

1. Instruct a staff member to activate local emergency system.

2. Initiate cardiopulmonary resuscitation and AED if no respiration or heartbeat.

3. If identified as due to administration of antigen, utilize PHYSICIAN APPROVED PROTOCOL: ANAPHYLAXIS for administration of epinephrine and diphenhydramine.
If not due to administration of antigen:

4. Continue CPR and use AED as indicated.

5. Administer oxygen at 8-15 L/min by non-rebreather mask or 100% by ambu bag, as needed.

6. 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.
   c. **DO** ADMINISTER if the patient is already on daily aspirin therapy. An extra 325mg dose is needed as quickly as possible.

7. 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:
   a. Signs and symptoms prior to cardiac arrest
   b. B/P, pulse and respiration
   c. Age (DOB) and approximate weight of client
   d. Flow rate and method of oxygen administration, if used
   e. Utilize appendix to communicate information with emergency workers

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


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

V. 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/Cardiac Arrest/About-Cardiac-Arrest_UCM_307905_Article.jsp#.V-Qpkk2V9aQ

Today’s Date______________

APPENDIX – CARDIAC EVENT OR ARREST (Non-allergic)

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) Time

Baseline vitals before occurrence

<table>
<thead>
<tr>
<th>Baseline vitals before occurrence</th>
<th>BP</th>
<th>Pulse</th>
<th>Respirations</th>
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Symptoms (including description of precipitating incident): ___________________________

_____________________________________________________________________________

Vital Signs:

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<tr>
<th>Time</th>
<th>BP</th>
<th>Pulse</th>
<th>Respirations</th>
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Oxygen:

Time begun | Aspirin 325 mg (adult only)

Mask       |
Ambu bag   |
Percentage |

Time of Transport _______________ Where transported __________________________

Nurse
Signature ___________________________________________________________________

Nurse
Signature ___________________________________________________________________