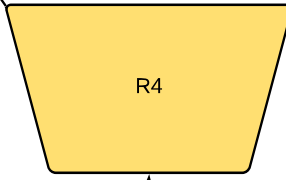
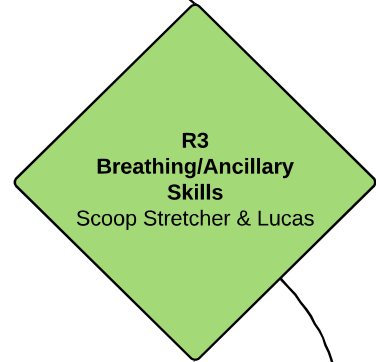
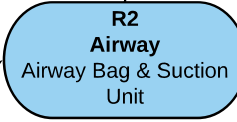
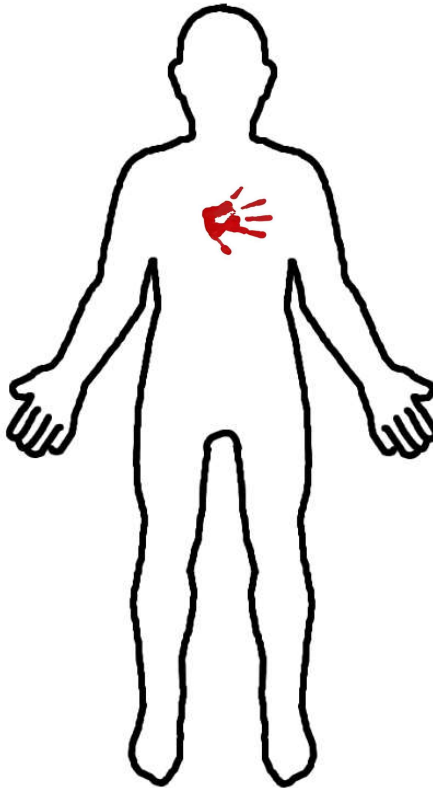
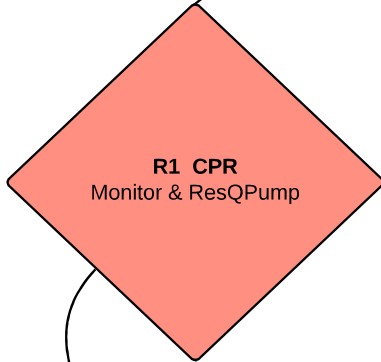


Positions are assigned to ensure minimal disruption of CPR and procedures due to crossover traffic. Also helps to ensure no role confusion.

Emphasize on working patient where you find them. Make room to work. Not all pulseless patient arrest from Cardiac disease processes. CC should determine probably origin. Adapt priorities accordingly (airway higher up)

Upon entering room establishes **Code Commander**. If **quick look** on ECG has not been performed to r/o indications for immediate electrical therapy **R2** shall assist **R1** in **application of monitor as to NOT interrupt CPR**. Procedure should include applying pads and immediate charge (auto-charge). Rhythm determination performed during auto charge. If no shock indicated **R2** will **assume airway control** with BVM until **R3** arrives (unless non effective with BVM) Code Commander must **ensure full systems of care** being utilized (Q-CPR, RQ-POD, RQ-Pump, defib, Airway Mech aids, intra hypothermia arrest, ACLS).

Focus Needs to be to verify ECG & Perform High Quality S-CPR until resources are available to perform AC/DC - CPR



Is effective CPR in progress upon patient contact? If Yes...quick look on combi-pads. If NO... Start CPR 100/min. FOCUS POINT for R1 is QUALITY CPR. No more than 300 compressions prior to swapping out with R3 (preferably at 200) Should always arrive at Patients LEFT side of patient unless physically prohibited.

R3 arrives with LUCAS device when available and performs ancillary task. This rescuer will immediately become **alternate compressor during rotation cycles**. He/She will also assist with **airway setup IV or IO setup, or assist in maintaining two handed BVM utilization** until further airway device is deployed. Application of LUCAS shall be priority prior to moving patient to ensure adequate CPR during movement and safety of Rescuers during transportation. Effective Communication with R1 is essential to success because of importance of non - interrupted CPR. R3 should always arrive and treat on the **RIGHT side of patient**.

R4 is routinely a **delayed** responder. Either a code 1 responding EMS unit, First Responder or Command Officer. This position is essential to ensure proper **ALS procedures** are performed such as performing IO/IV, drug administration, assist w/ advanced airway device, inducing hypothermia to ROSC, and **communication treatment plans to family members and other support services**.