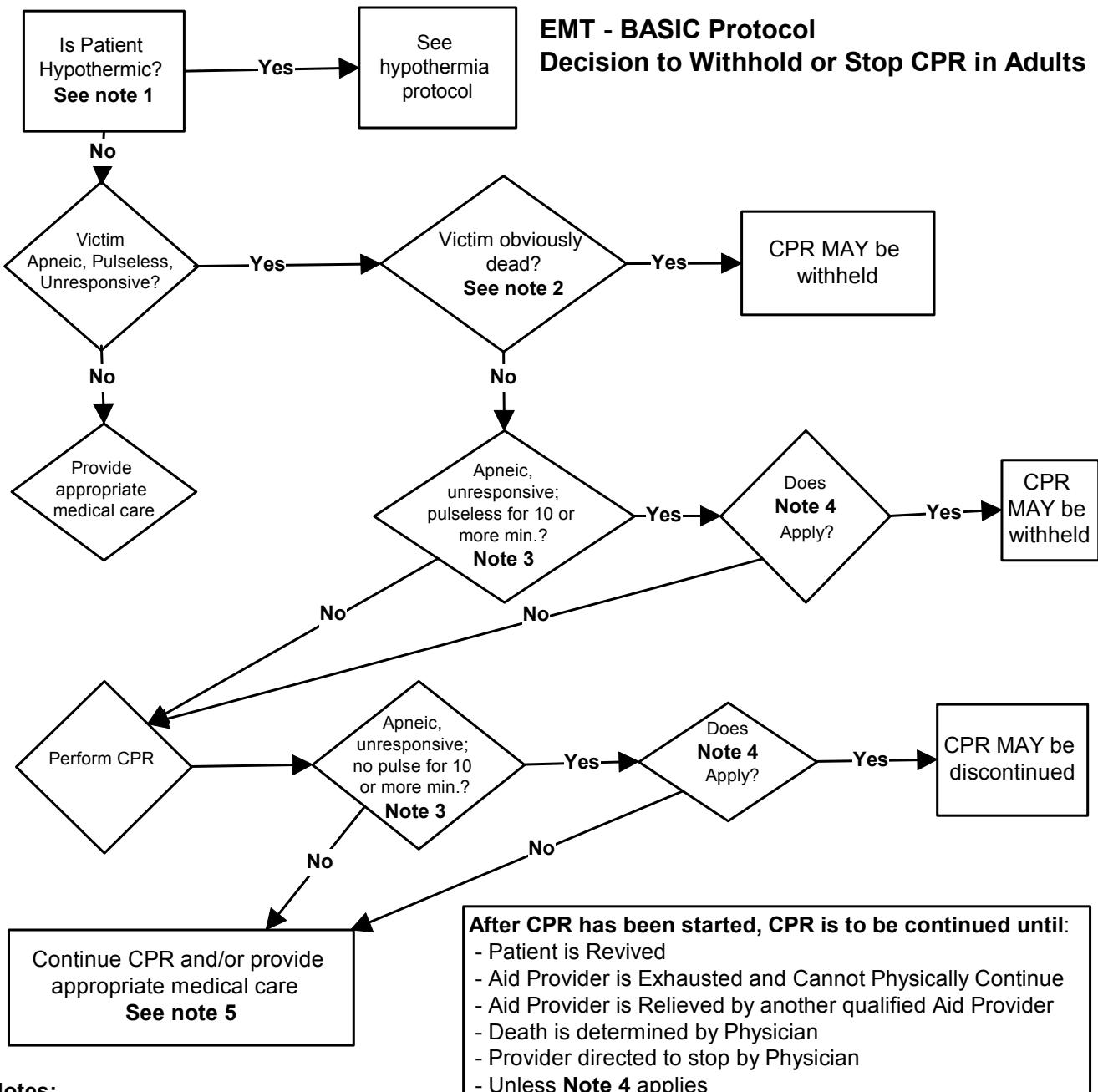


CARDIOPULMONARY RESUSCITATION PROTOCOL

PURPOSE: The purpose of this protocol is to establish service wide policy for SAR operational commanders and Coast Guard emergency medical services responders (Lifesavers and Emergency Medical Technicians) and medical officers on not starting and or not continuing cardiopulmonary resuscitation (CPR).

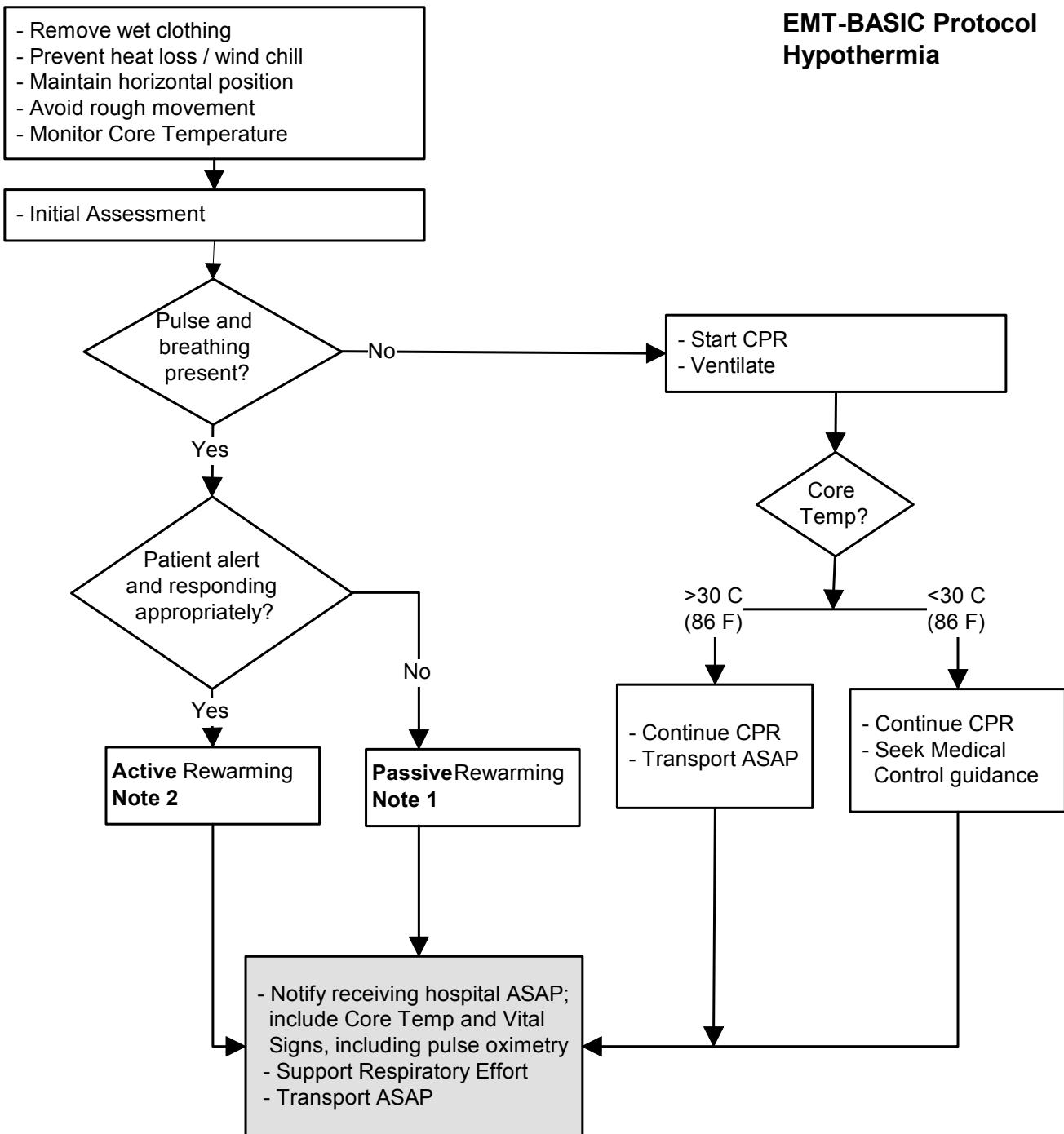
BACKGROUND: During search and rescue missions or MEDEVACs Coast Guard SAR responders often recover victims of injury or medical emergencies who are in cardiopulmonary arrest (not breathing and do not have a pulse). The standard protocols of civilian EMS systems usually require starting CPR in the field and rapidly transporting these patients to a hospital for continued resuscitation efforts. Recent medical research on emergency cardiac resuscitation conducted by national healthcare organizations, including the American Heart Association, have made new recommendations regarding “Do Not Start CPR” and “Stop CPR” guidelines. The focus of these guidelines is to prevent nonbeneficial and ineffectual interventions, which pose risks to rescuers and unethical futile efforts, defined as less than one percent survival probability. Medical ethicists and EMS experts have agreed that physicians may withhold futile interventions deemed unlikely to benefit patients even when requested by patients or families. These policies have been clearly established and endorsed for EMS services, which have wilderness or remote locations with prolonged response and patient transport times. Coast Guard’s maritime SAR operations usually involve prolonged response intervals, which exceed the accepted response intervals for successful resuscitation. In addition, the Coast Guard has increased operational risks for boat and aircrew SAR responders, which must also be weighed with the probability of patient benefit when making operational risk management decisions. Risks include aircraft and vessel mishaps, personal injury, and bloodborne pathogen exposures. There are also the emotional risks to rescuers and families associated with futile resuscitation efforts. These unique risks require modification of civilian protocols and take precedence over local, regional, and state EMS protocols. Analysis of numerous operational mishaps and near misses during futile rescue attempts has shown that a service wide policy is needed to prevent recurrences.

ACTION: A Coast Guard Emergency Medical Services protocol with criteria for not starting and or not continuing CPR has been developed and is posted on this web site. Operational commanders with SAR responsibilities should ensure that all potential SAR EMS responders and SAR OPCEN watch standers are familiar with this protocol. MLC(k) should ensure that all medical officers are familiar with the protocol.



Notes:

1. Hypothermia is defined as a core body temperature of less than 35°C (95°F). For suspected Hypothermic patients, follow the Hypothermia protocol.
2. Obviously dead patients include those that are decapitated, incinerated, have major organs (heart, lungs, brain or liver) separated, or for whom rigor mortis or lividity is present.
3. The following must be observed and recorded by CG EMS provider: No pulse in carotid artery or cardiac apex for 60 seconds (if available, a cardiac monitor must be used); No respiratory effort for 60 seconds despite open airway (if available, a stethoscope must be used for confirmation); Unresponsive to painful stimulus such as a sternal rub and no tendon reflexes; No pupillary reflexes (i.e. pupils non-responsive to light and remain fixed and dilated) and no corneal reflexes; No evidence of drug overdose as the cause of unresponsiveness.
4. This is a SAR or MedEvac Mission, where higher level medical care is more than 30 minutes away, contact with a physician is impossible and the patient is 18 years of age or older.
5. When patient is not obviously dead, CG EMS providers will start and continue CPR until: Patient revives, EMS provider becomes physically exhausted and cannot continue, EMS provider is relieved by another qualified aid provider, death is determined by a physician, or aid provider directed to stop by a physician.



Note 1. Active methods include: electrical or charcoal warming devices, hot water baths, heating pads, radiant heat sources and warming beds.

Note 2. Passive methods include: use of insulating blankets and Thermal Recovery Capsules (TRCs).

Document:

- Signs and Symptoms
- Vital Signs
- Pulse oximetry % (SpO₂)
- Core Temp
- Mechanism of Injury
- Treatment
- Response to Treatment
- Submersion time
- Wind Speed
- Water Temperature