

Cardiopulmonary Resuscitation (CPR) and Basic Life Support (BLS)

Purpose	The purpose of this procedure is to provide guidelines for the initiation of Cardiopulmonary Resuscitation (CPR)/Basic Life Support (BLS) in victims of sudden cardiac arrest.
Preparation	<ol style="list-style-type: none">1) CPR certification is preferred but not required.2) CPR certified staff must be available at all times to provide CPR when needed.3) Maintain equipment and supplies necessary for CPR/BLS in the facility at all times.4) Provide information on advance directives to each resident/representative upon admission.
General Guidelines	<ol style="list-style-type: none">1) Cardiac arrest is defined as inadequate cardiac contractions resulting in insufficient blood flow throughout the body (pulselessness).2) Sudden cardiac arrest (SCA) is a leading cause of death in adults.3) The likelihood of recovering from SCA due to an acute event (such as an arrhythmia) differs substantially from the likelihood of recovering from cardiac arrest that is the end result of multi-system failure and advanced irreversible or terminal conditions.4) Depending on the underlying cause, the chances of surviving SCA may be increased if CPR is initiated immediately upon collapse.5) In potentially reversible situations, early delivery of a shock with a defibrillator plus CPR within 3-5 minutes of collapse can further increase chances of survival.6) The goal of early delivery of CPR is to try to maintain life until the emergency medical response team arrives to deliver Advanced Life Support (ALS).7) If an individual (resident, visitor, or staff) is found unresponsive and without a pulse, a licensed staff person who is certified in CPR/BLS shall initiate CPR in individuals who<ol style="list-style-type: none">a. Have requested CPR in their advance directivesb. Have not formulated an advanced directivec. Do not have a valid DNR orderd. Do not show AHA signs of clinical death as defined in the AHA Guidelines for PR and Emergency Cardiovascular Care (ECC) and meet the above criteria.8) CPR should not be administered for individuals when<ol style="list-style-type: none">a. It is known that a valid <i>Do Not Resuscitate</i> (DNR) order that specifically prohibits CPR and/or external defibrillation exists for that individual; orb. There are obvious signs of irreversible death (refer to AHA signs of clinical death as defined in the AHA Guidelines for CPR and Emergency Cardiovascular Care [ECC]).
Equipment and Supplies	<ol style="list-style-type: none">1) Personal protective equipment, including gloves, masks, gowns and eyewear.2) Pocket face masks, Ambu bags (1-2 L capacity), and/or mouth shields.3) An approved AED, if available.

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The facility's procedure for administering CPR shall incorporate the steps covered in the American Heart Association *Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care*. It includes the following areas:

Steps in the Procedure

- 1) Check victim for pulse and respirations:
- 2) If they are absent, attempt to arouse the individual (for example, by shaking them or by a sternal rub).
- 3) If the victim responds but is injured, follow facility protocol for first aid or call 911.
- 4) If the victim is unresponsive (no movement or response to stimuli, and no return of pulse and/or respirations), follow steps 2 through 7.
- 5) Activate the emergency response team and initiate CPR:
- 6) Call a "code" as designated by facility protocol.
- 7) Designate a staff person to call 911 and then contact the resident's Attending Physician and the resident's family.
- 8) Open the airway.
- 9) Check breathing.
- 10) Administer rescue breaths.
- 11) Check for pulse.
- 12) Give chest compressions.
- 13) Utilize AED as appropriate.

Documentation

- 1) Document the following in the resident's medical record (if the victim is a resident):
 - a. The condition in which the resident was found or the witnessed event.
 - b. The sequence of resuscitation efforts, including approximate times.
 - c. The victim's response to resuscitation efforts.
 - d. The approximate time that the EMS team took over.
 - e. Time of death or time the individual was transported.
- 2) Report to corporate office if the victim is not a resident of or patient receiving care at the facility.

Reporting

- 1) Report the event to the Medical Director, Administrator, and Director of Nursing Services as soon as practical.

References	
Procedure Revised	Date: <u>5-9-2017</u> By: <u>3-1-2022</u>