



# Refractory Cardiac Arrest (ECPR) Protocol

## Inclusion Criteria:

- Cardiac arrest presenting in a shockable rhythm (VF or pulseless VT)
- Refractory to 2 defibrillation attempts
- Able to provide mechanical chest compressions throughout arrest **and** transport
- Transport time < 30 minutes **or** total CPR time < 60 minutes

## Exclusion Criteria:

- DNR/DNI **or** permanent nursing home resident
- Age < 18 **or** > 75 years old
- Trauma **or** significant bleeding (i.e. ruptured aorta; esophageal varices; etc.)
- Known terminal illness (i.e. end-stage cancer, or heart, kidney, or liver disease)

## Initial Management

- Continue resuscitation per AHA ACLS guidelines
  - Place patient on mechanical CPR device (LUCAS™)
- Contact Abbott Northwestern at **612-863-9999** to call ICU MD directly for an ECPR consult
- Activate emergency transport team
- Expose patient (gown only), obtain 12 lead EKG, and begin cooling (if >34° C apply ice packs to neck, groin, and axilla)
- Monitor with hands-free defibrillator pads, 2 IVs, and draw labs (ABG, BMP, CBC, and lactate)
- Transport directly to the ANW ED for continued resuscitation during preparation for ECMO cannulation

"Guidelines are not meant to replace clinical judgment or professional standards of care. Clinical judgment must take into consideration all the facts in each individual and particular case, including individual patient circumstances and patient preferences. They serve to inform clinical judgment, not act as a substitute for it. These guidelines were developed by a Review Organization under Minn. Stat. §145.61 et. seq., and are subject to the limitations described at Minn. Stat. §145.65."

*This information is intended only as a guideline. Please use your best judgment in the treatment of patients.*