

		MULTNOMAH COUNTY EMERGENCY MEDICAL SERVICES		
		EMS OPERATIONAL POLICIES		
EFFECTIVE DATE: 02/01/2006	POLICY NUMBER: 020106-OPS	SECTION: 1	REPLACES: None	PAGE: 1 OF 1
MEDICAL DIRECTOR:  JON JUI MD, MPH		TITLE:  <b>CLARIFICATION OF 2006 PROTOCOLS</b>		

## 1. Ventricular Fibrillation and Pulseless Ventricular Tachycardia (10.050)

### Clarification:

The MCEMS Protocol will use amiodarone 300 mg IV as the *first* administered medication, lidocaine 1.5 mg/IV as *second* administered medication, magnesium sulfate as the *third* administered medication.

## 2. CPR changes

Issue: When should MCEMS Change their "CPR techniques" to meet AHA 2005 Guidelines?

### Clarification:

Effective February 01, 2006, all Multnomah County EMS units will change their CPR techniques to reflect the new *American Heart Association* Guidelines

These changes will include:

- a. Compression/Ventilation Ratio
  - i. Non-intubated patients
    1. Rate: 30:2 compression/ventilation ratio (all ages except newborns).
  - ii. Intubated patients
    1. CPR Rate 100 compressions/minute (minimum) with 8-10 ventilations per minute.
- b. CPR Quality
  - i. Rate: 100 per minute
  - ii. Depth: 1 ½ –2" (same as before).
  - iii. Ensure complete chest recoil after each compression.
  - iv. Avoid interrupting chest compressions for more than 10 seconds.
  - v. Switch individuals performing compressions after 2-3 minutes.
- c. Ventilations (intubated patients):
  - i. Rate: 8–10 per minute (intubated patients).
  - ii. The inspiratory phase of the ventilations should have a duration of no more than 1 second.
  - iii. Ensure a good mask seal when ventilating with a bag-valve-mask.