

CARDIAC ARREST – MICR, (≥8 years old) ADMINISTRATIVE ORDER

MICR Exclusion Criteria:
Trauma, Drowning, Overdose, Respiratory or Pediatric Arrest (<8 years old)
-Follow appropriate ACLS/PALS protocols-

Bystander Witnessed/Unwitnessed

Begin high quality compressions
110/min, 2-2.5" depth and full
recoil

Place **OPA, NRB** and add **NC**
(when possible/Under NRB) to
achieve max possible O2
delivery of **25LPM**

Perform rhythm check every 2
minutes, **shock if indicated**

Initiate IV/IO
**EPI administration should not
slow or interrupt compressions**

Administer IV ***Epi 1mg
(1mg/10ml)***
Within 4 minutes of arrival on
scene

If patient remains in V-fib after
1st shock and Epi dose:
Administer ***Amiodarone 300mg
IV***

After 4 rounds of MICR
(8 minutes), switch to ACLS
**With only ONE additional IV
EPI 1mg (1mg/10ml)**
(Advanced Airway, H's & T's,
Compressions with BVM - 30:2)
**MAXIMUM EPI TO BE
GIVEN IS 2mg**

Witnessed by ALS Provider Or Ongoing high quality CPR

Perform immediate rhythm
check, **shock if indicated**

Follow MICR algorithm

After 4 rounds of MICR
(8 minutes), switch to ACLS
**With only ONE additional IV
EPI 1mg (1mg/10ml)**
(Advanced Airway, H's & T's,
Compressions with BVM - 30:2)
**MAXIMUM EPI TO BE
GIVEN IS 2mg**

Consider Termination of Resuscitation (TOR)

Witnessed arrest, TOR must meet **both** requirements:

- 20 minutes of MICR/ACLS
- Asystole **OR** PEA with EtCO₂ <10

Notification to include: Cardiac Arrest AO, unit number, patient age, sex, and ETA to receiving facility.
Advise if patient has ROSC