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Cardiac Arrest Transport

REMAC Advisory 20-01 4/1/2020

Purpose:

To advance the care of our patients and assure the safety of our providers.

Background:

There is no medical benefit to transporting patients in sustained cardiac arrest. In fact, in systems where there has been aggressive on-scene care and non-transport of patients without return of spontaneous circulation, the overall resuscitation rate has increased.

Given the lack of evidence supporting transport in these circumstances, the increased safety risk of performing CPR in a moving vehicle with no benefit to patient outcome, the following change in procedure is directed:

New procedure:

In conjunction with existing BLS and ALS protocols regarding cardiac arrest, no adult medical cardiac arrest is to be moved to a hospital with manual or mechanical compressions in progress without either return of spontaneous circulation or a direct order from a medical control physician unless there is imminent physical danger to the EMS providers on the scene.