

Cardiac First Response

Clinical Practice Guidelines

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Cardiac First Responder
(Level 1) for which the CPG pertains



Occupational First Aider
(Level 2) for which the CPG pertains



Emergency First Responder
(Level 3) for which the CPG pertains



A parallel process
Which may be carried out in parallel with other sequence steps



A cyclical process in which a number of sequence steps are completed

1/2/3.4.1

CPG numbering system

1/2/3 = clinical levels to which the CPG pertains
x = section in Education and Training Standards (2007)
y = CPG number in sequence

1/2/3.x.y



A direction to go to a specific CPG following a decision process

Note: only go to the clinical levels that pertain to you, the CPG will therefore be referred to only by section No. (x) and sequence No. (y)



A clinical condition that may precipitate entry into the specific CPG

Sequence step

A sequence (skill) to be performed

Mandatory sequence step

A mandatory sequence (skill) to be performed



Ring ambulance control



Request an AED from local area

Medication, dose & route

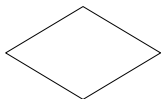
A medication which may be administered by a CFR

The medication name, dose and route is specified

Medication, dose & route

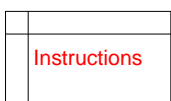
A medication which may be administered by an EFR

The medication name, dose and route is specified



A decision process

The Responder must follow one route



An instruction box for information

Special instructions

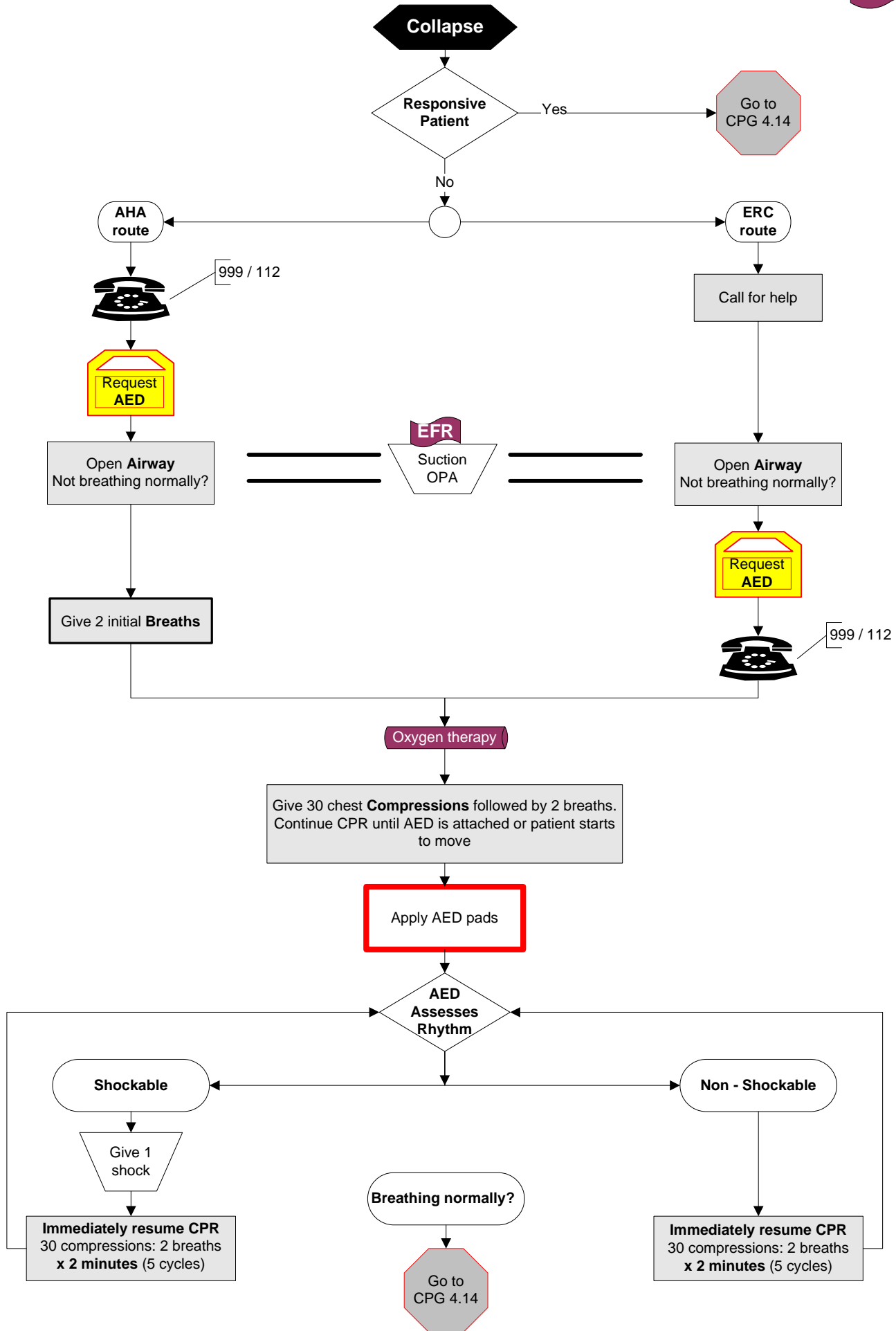
Special instructions

Which the Responder must follow

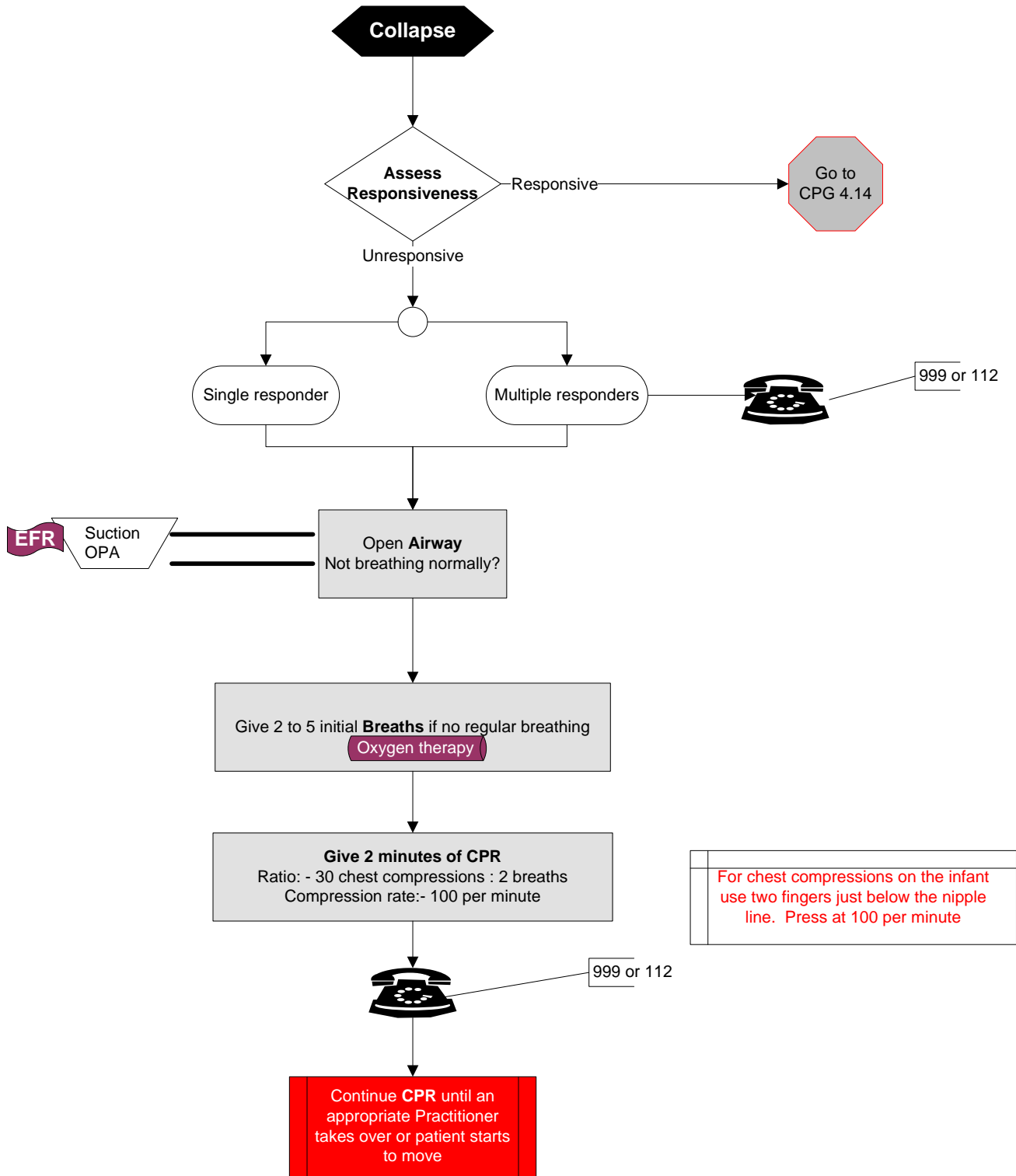


A skill or sequence that only pertains to EFR

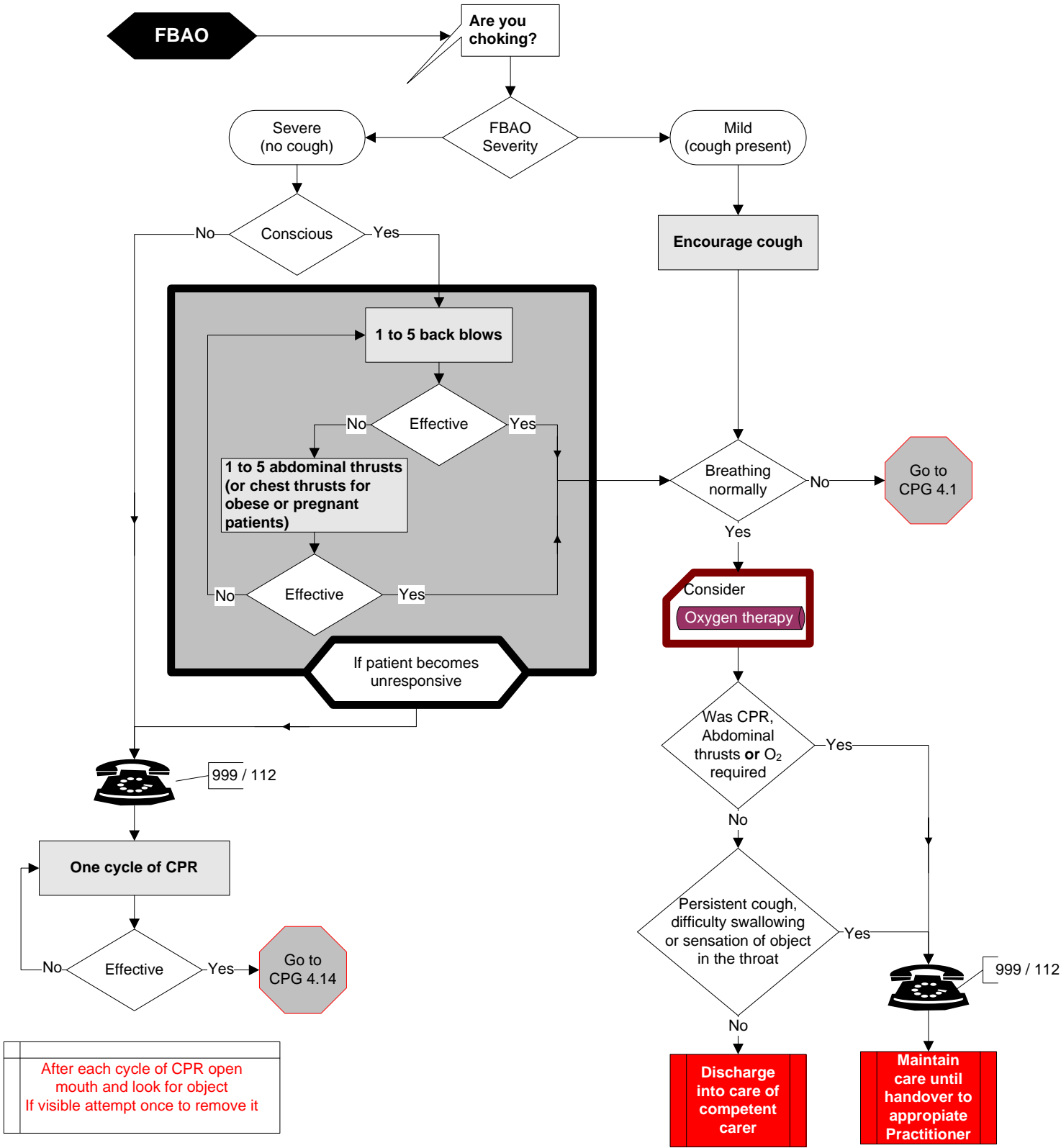
Basic Life Support – Adult (≥ 8 years)



Basic Life Support – Infant & Child (4 weeks to < 8 years)



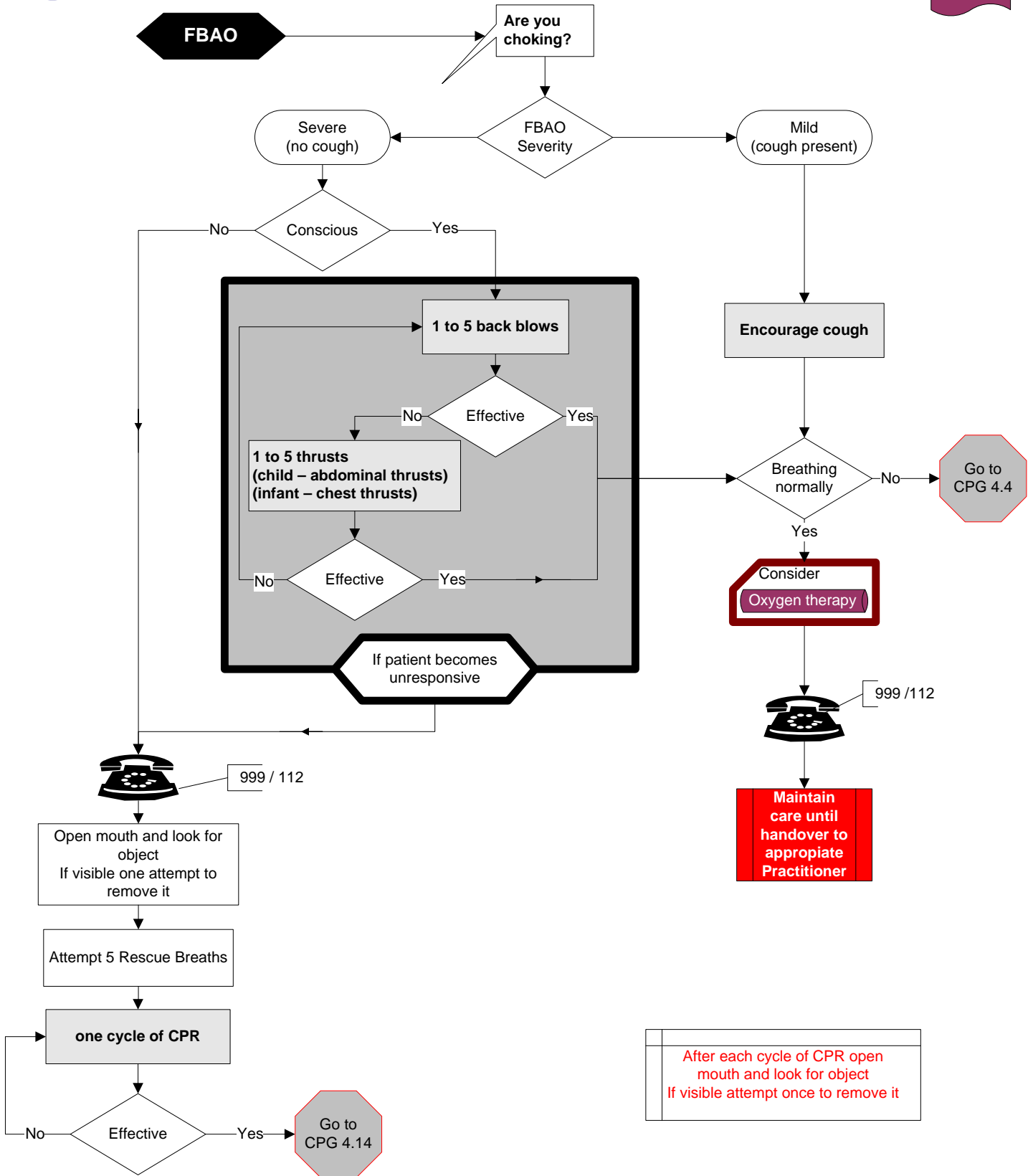
Foreign Body Airway Obstruction - Adult



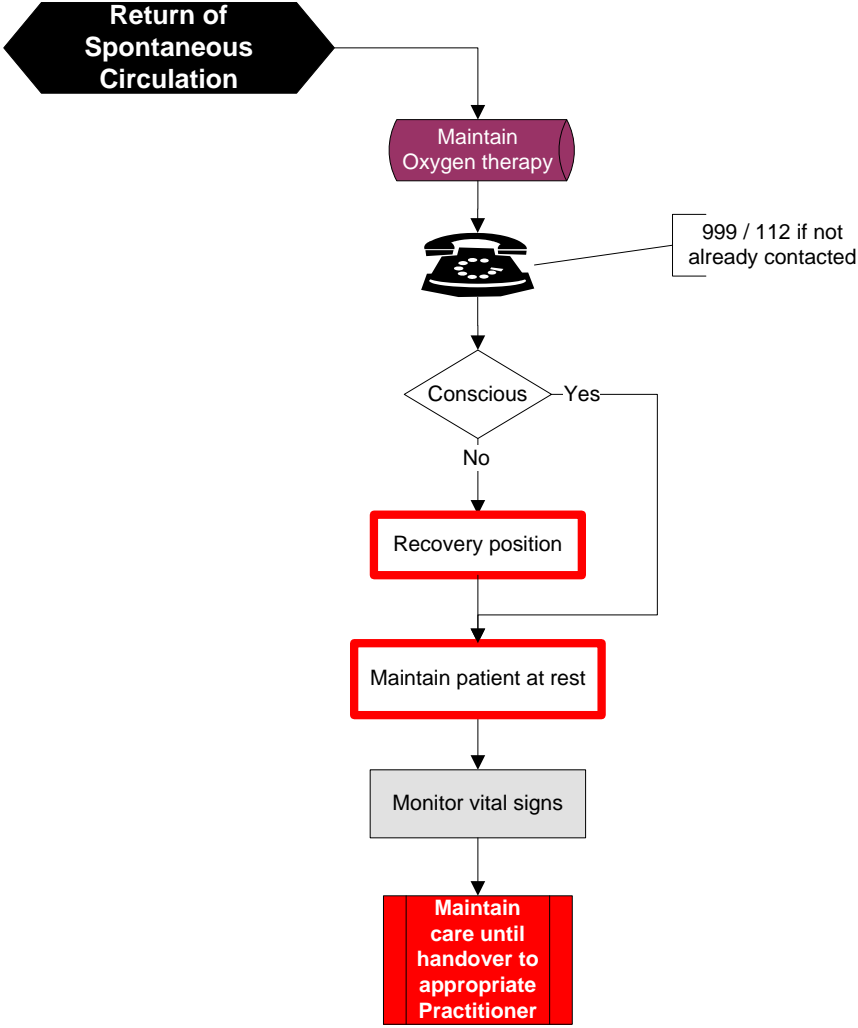
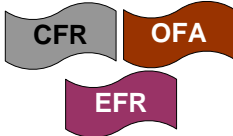
Reference: International Liaison Committee on Resuscitation Guidelines 2005

- ILCOR: Chest thrusts, back blows, or abdominal thrusts are effective for relieving FBAO
- AHA: Chest thrusts, back slaps and abdominal thrusts are effective for relieving FBAO, for simplicity in training we recommend that abdominal thrusts be applied. If ineffective, chest thrusts may be applied. Chest thrusts may be used for obese or late stage pregnant patients
- ERC: The likelihood of success is increased when combinations of back blows or slaps, and abdominal and chest thrusts are used

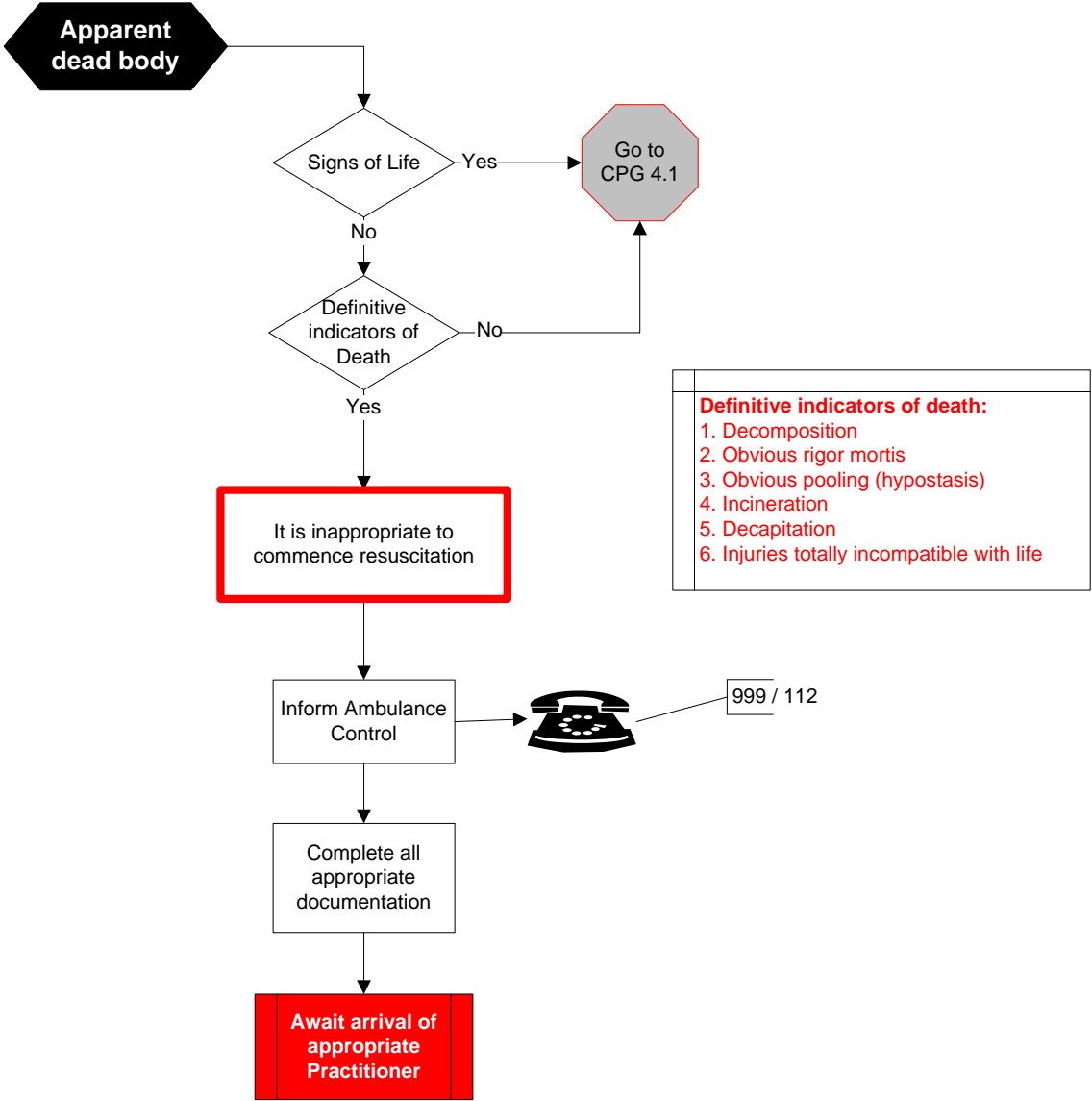
Foreign Body Airway Obstruction – Paediatric (≤ 13 years)



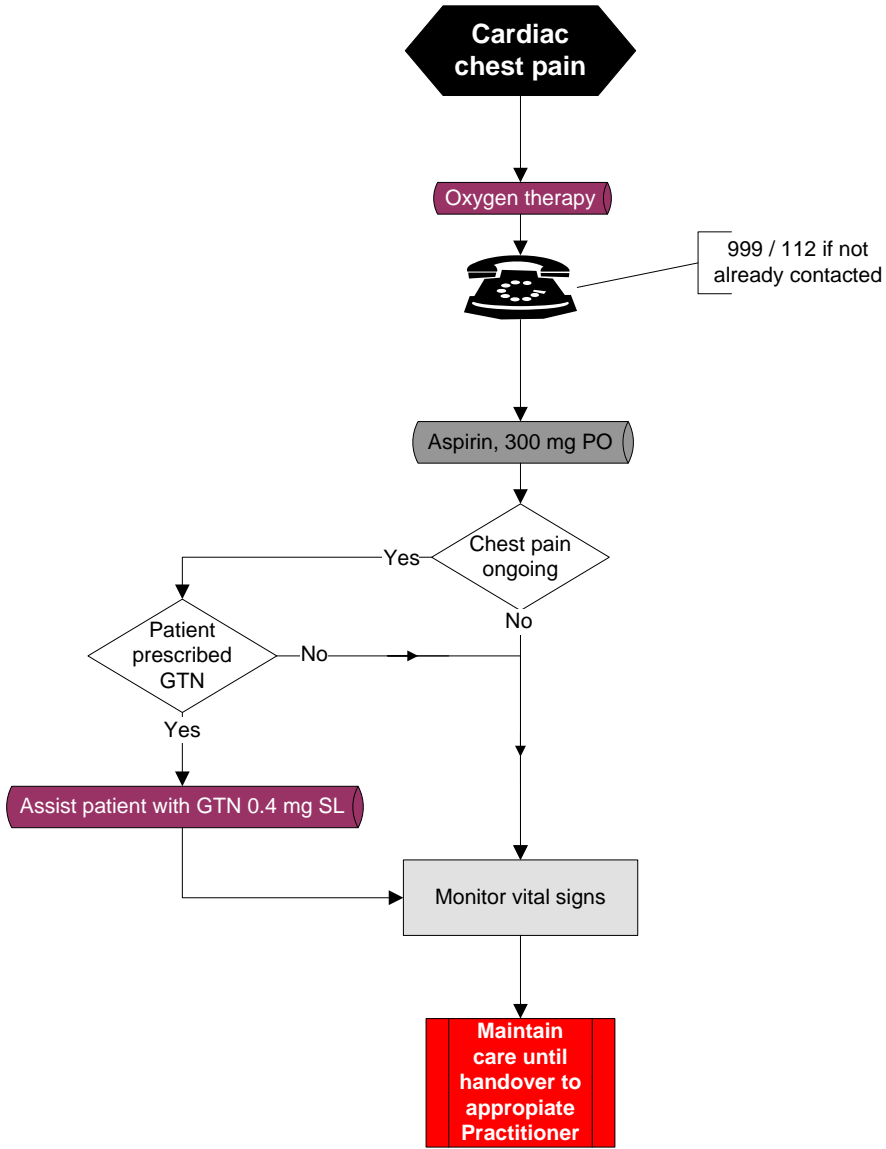
Post Resuscitation Care - Adult

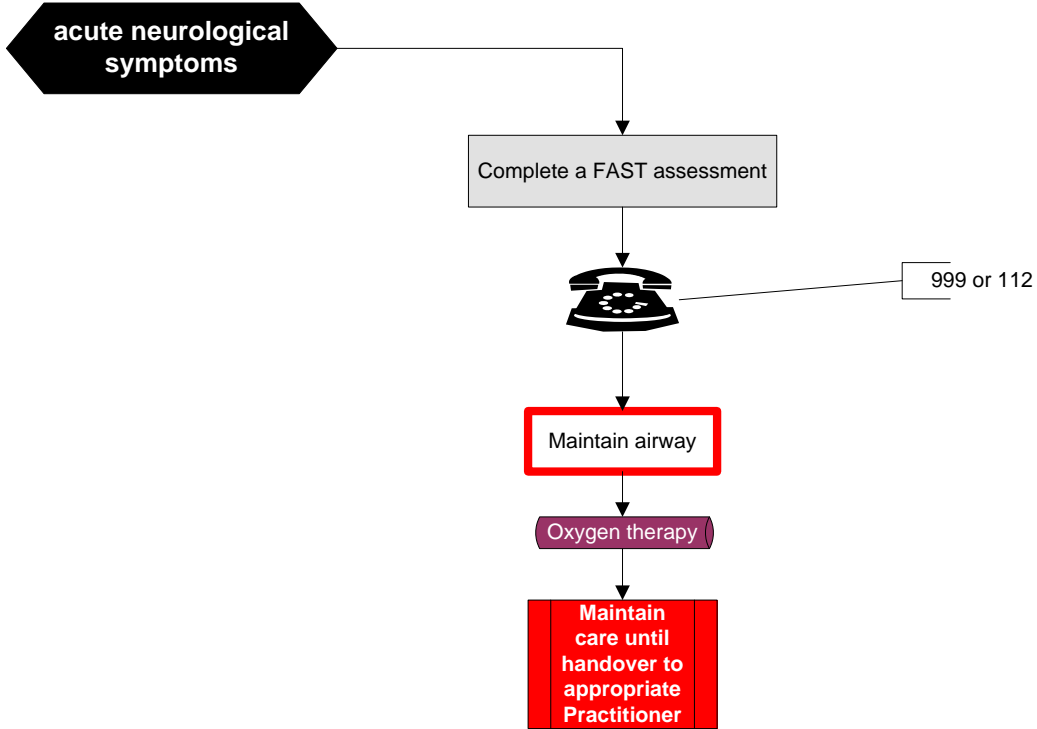


Recognition of Death - Resuscitation not indicated



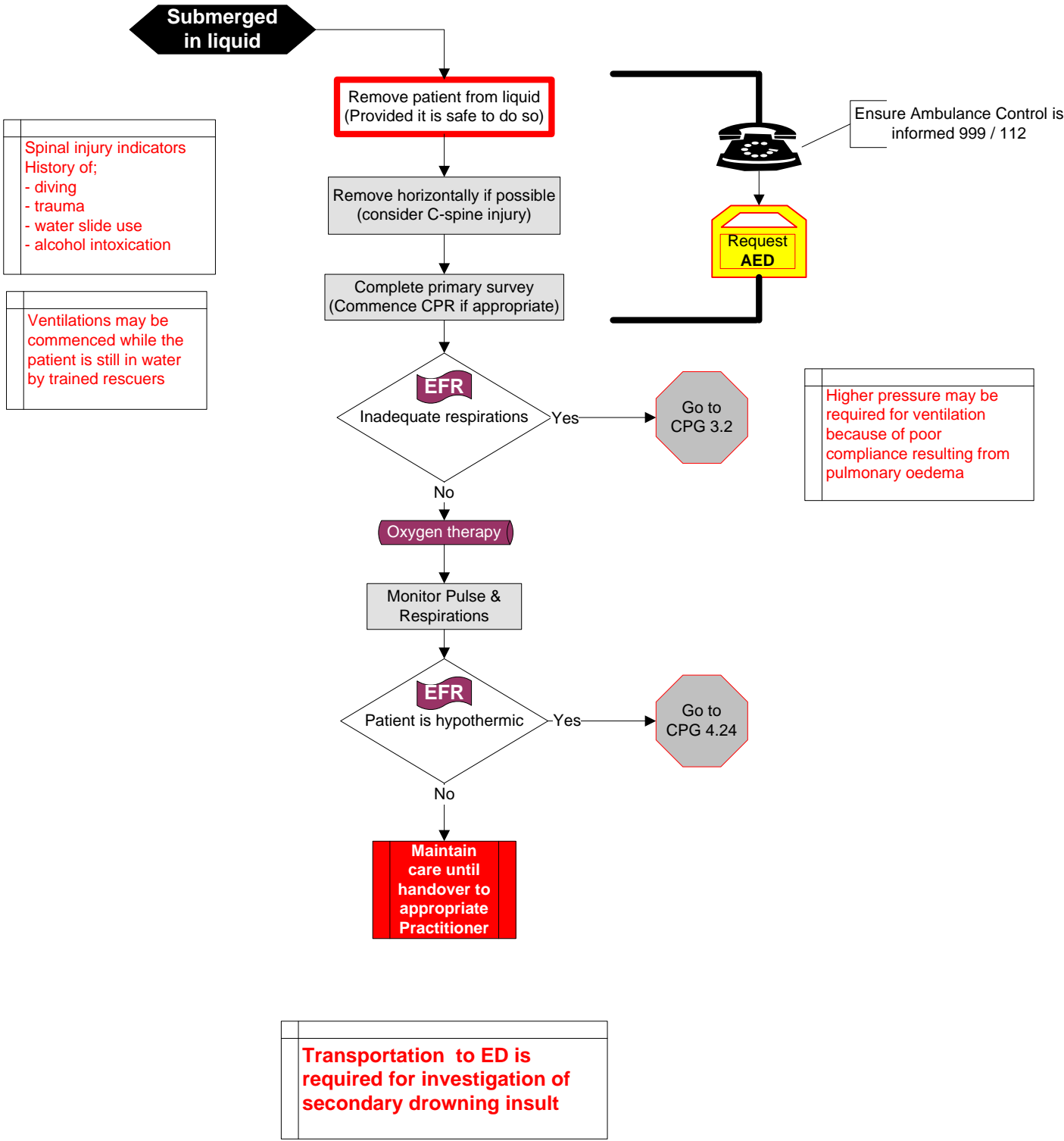
Cardiac Chest Pain – Acute Coronary Syndrome





- F – facial weakness**
Can the patient smile?, Has their mouth or eye drooped? Which side?
- A – arm weakness**
Can the patient raise both arms and maintain for 5 seconds?
- S – speech problems**
Can the patient speak clearly and understand what you say?
- T – time to call 112 now if positive FAST**

Submersion incident



Reference: Golden, F & Tipton M, 2002, Essentials of Sea Survival, Human Kinetics
 Verie, M, 2007, Near Drowning, E medicine, www.emedicine.com/ped/topic20570.htm
 Shepherd, S, 2005, Submersion Injury, Near Drowning, E Medicine, www.emedicine.com/emerg/topic744.htm