Compressions have become the foundation of resuscitation from cardiopulmonary arrest, regardless of etiology. The primary focus of the resuscitation should be the performance of continuous quality compressions.

The goal of chest compressions is to raise aortic pressure and improve perfusion. Unfortunately, it takes some time to reach a plateau pressure, even with good compressions, while interrupting compressions leads to an immediate drop in pressure. Based on current research and outcomes studies, VCEMS is revising resuscitation guidelines to include the following:

- Chest compressions should be performed continuously throughout the resuscitation, without pause for ventilation, rhythm analysis, intubation, or vascular access.
- Compressions should be maintained during defibrillation charge and immediately following each shock.
- Compressions at a depth of 2” with full recoil will be performed to produce better perfusion.
- Compressions should be performed at the fastest rate possible to allow maximum depth and recoil, at an average rate of 100/min.
- Ventilations should be given on the upstroke of the 10th compression.
- Compressors will rotate every 2 minutes for delivery of most effective compressions.

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DRAFT

THIS WAS NEVER RELEASED!!!