SCOPE:  
Poudre Valley Hospital EMS Division

PURPOSE: To define the procedures for chest compressions and Autopulse use

Procedure: Chest Compressions/Autopulse

Indications
A. Manual chest compressions are indicated in all cases of pulseless cardiac arrest, including PEA, asystole, and VF/VT without pulses.
B. The Autopulse will be substituted for manual chest compressions for all patients 18 years of age and older in non-traumatic cardiac arrest when available.
C. In case of mechanical malfunction of the Autopulse the EMS responder will resume manual CPR for patient care.
D. These protocols are supplementary to AHA guidelines for CPR. Follow AHA guidelines for initiation, rates, and coordination of CPR.

Contraindications
A. Autopulse is contraindicated in traumatic arrest.
B. Autopulse is contraindicated in patients under the age of 18.

Technique Autopulse
A. BSI.
B. CPR until Autopulse is available.
C. Apply pacing pads prior to Autopulse.
D. Place the patient in a seated upright position. Place the Autopulse behind the patient’s back while still in a seated upright position.
E. Cut clothing down the back and remove from the front side of patient.
F. Lay the patient down on the Autopulse.
G. Turn the Autopulse on.
H. Connect the Life band [chest band] across the chest of patient.
I. Lift the chest band straight up to ensure it is free of twists.
J. Push the Green button once to start sizing cycle.
K. Push the Green button a second time to start compression cycle.
L. Place a towel under the patients head to help stabilize in place.
M. Ventilate patient during compression pause.
N. Replace battery at 30 minutes or when low battery warning is heard.
O. Upon ROSC or to check for pulse press orange button to pause compressions.
P. Document the use of Autopulse on patient PCR.

**Technique- Manual Compressions**

A. Refer to AHA guidelines for specific CPR guidelines including initiation, rates of administration, coordination with ventilation, etc. Providers are accountable to follow current AHA guidelines for CPR.

**Side Effects and Specific Information**

A. Care should be used when moving patients with a large abdomen [Shifting of excess flesh may cause the life band to move or break].
B. Chest compressions of any type can result in broken ribs and other trauma.

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**REFERENCES:**