

SAMPLE RESQPOD PROTOCOL

This is a sample protocol in use by an emergency medical services (EMS) system using the ResQPOD.¹

They have graciously agreed to share their protocol with others and are not responsible for actions that result from other organizations modeling the protocol.

It is the responsibility of each agency's medical director to determine how the ResQPOD will be best used within their organization.

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**SPIRIT OF MARSHFIELD MEDICAL TRANSPORTATION SERVICE
MEDICAL PROTOCOLS**

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I. ResQPOD Circulatory Enhancer:

- A. Conventional CPR provides 15% of normal blood flow to the heart and blood flow to the brain is 25% of normal. Current survival rates average 5%.
- B. The ResQPOD is an impedance threshold device that prevents unnecessary air from entering the chest during the decompression phase of CPR. When air is prevented from rushing into the lungs as the chest wall recoils, the vacuum (negative pressure) in the thorax pulls more blood back to the heart, resulting in a:
 - 1. Doubling of blood flow to the heart.
 - 2. 50% increase in blood flow to the brain.
 - 3. Doubling of systolic blood pressure.

II. Indications:

- A. Cardiopulmonary arrest 12 years and older (medical etiology)

III. Contraindications:

- A. Patients under 12 years of age
- B. Cardiopulmonary arrest related to trauma

IV. Procedure:

- A. Confirm absence of pulse and begin CPR immediately. Assure that chest wall recoils completely after each compression.
- B. Using the ResQPOD on a facemask:
 - 1. Connect ResQPOD to the facemask.
 - 2. Connect ventilation source (BVM) to top of ResQPOD. If utilizing a mask without a bag, connect a mouthpiece.
 - 3. Establish and maintain a tight face seal with mask throughout chest compressions. Use a two-handed technique or head strap.
 - 4. Do not use the ResQPOD's timing lights during CPR utilizing a facemask for ventilation.
 - 5. Perform ACLS interventions as appropriate.
 - 6. Prepare for endotracheal intubation.

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C. Using the ResQPOD on an endotracheal tube or Combitube:

1. Endotracheal intubation is the preferred method of managing the airway when using the ResQPOD.
2. Place endotracheal tube or Combitube and confirm placement. Secure the tube with a Comfit for adults and per *Pediatric Endotracheal Tube Securing Protocol*.
3. Move the ResQPOD from the facemask to the advanced airway and turn on timing assist lights (remove clear tab).
4. Continue CPR with minimal interruptions:
 - a. Provide continuous (no pauses) chest compressions (approximately 10 per light flash) and ventilate asynchronously over 1 second when light flashes (10/min).
5. Perform ACLS interventions as appropriate.
6. If a pulse is obtained, remove the ResQPOD and assist ventilations as needed.

V. **Special Notes:**

- A. Always place ETCO₂ detector between the ResQPOD and ventilation source.
- B. Administer endotracheal medications directly into endotracheal tube.
- C. Do not interrupt CPR unless absolutely necessary.
- D. If a pulse returns, discontinue CPR and the ResQPOD. If the patient rearrests, resume CPR with the ResQPOD.
- E. Do not delay compressions if the ResQPOD is not readily available.

APPROVED BY:

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Date