Mechanical Chest Compression Device (MCA Optional Protocol)

Manual chest compressions remain the standard of care for the treatment of cardiac arrest. Mechanical chest compression devices may only be used as alternative to conventional CPR in specific settings where the delivery of high-quality manual compressions may be challenging or dangerous for the provider (e.g., limited rescuers available, CPR during hypothermic cardiac arrest, CPR in a moving ambulance).

☑ Medical Control Authorities choosing to adopt this supplement may do so by selecting this check box. Adopting this supplement changes or clarifies the referenced protocol or procedure in some way. This supplement supersedes, clarifies, or has authority over the referenced protocol.

MCAs will be responsible for maintaining a roster of the agencies choosing to participate and will submit roster (including brand name/model number of device) to MDHHS.

Requirements:

1. FDA approved MCA authorized mechanical chest compression devices as listed below (brand name and model if applicable)

☑ Lucas Device
☑ Zoll Autopulse
☐
☐
☐

2. Providers utilizing the device are trained on use of the device per MCA requirements
3. Follow manufacturer's instructions for use unless otherwise directed by the MCA.

Indications:

1. Cardiac Arrest

Contraindications:

1. Return of Spontaneous Circulation
2. Age and weight restrictions per manufacturers recommendations.
3. Patients with LVAD

Procedure:

1. Perform high-quality CPR while the device is being prepared for use.
2. Utilize device according to manufacturer's recommendations.
3. Refer to **Adult or Pediatric General Cardiac Arrest -Treatment Protocol**
4. Document use of Mechanical Chest Compression Device in patient care record including but not limited to:
    A. Type/brand of device
    B. Applicable times Mechanical Chest Compression Device was in use.
    C. Rate at which the device is set/delivering mechanical chest compressions.