



	<p>Journal of Anaesthesia 79:172-177</p> <p>2. Emergency cardiac care Committee and Subcommittees, American Heart Association. 1992 Guidelines for cardiopulmonary resuscitation and emergency cardiac care. Journal of the American Medical Association 268: 2171-2302</p> <p>3. The Advanced Life Support Committee of the Australian Resuscitation Council. 1993 Adult advanced life support: the Australian Resuscitation Council Guidelines. Medical Journal of Australia 159: 616-621</p>
Groups consulted	<p>Critical Care &amp; Emergency Forum (BHS) Nursing Practice Committee Drug &amp; Therapeutics Committee Dr Tony Sutherland, Director Critical Care January 2003 Sharon Donovan Executive Director Nursing Services January 2003 Dr John Stickland, Director Coronary Care, August 2004 Geoff McCurdy, Director of Pharmacy January 2003</p>
<b><u>APPLICATION OF STANDING ORDER</u></b>	
Areas where standing order applicable	Where a medical officer is not immediately available when attending in-hospital cardiopulmonary arrests
Circumstances where standing order not applicable	<p>When a medical officer is present.</p> <p>If resuscitation status of the patient is "NFR"</p> <p>If the treating practitioner had provided a medical order exempting the patient from commencement of a Standing Order.</p>
Reference to other Standing Orders:	
Other Relevant Standing orders of Interest:	
External Links	<p>Cardiac Arrest Flow Chart (Ballarat Health Services) Australian Resuscitation Guidelines 2002</p>
<b><u>STAFF AUTHORISATION</u></b>	
Staffing requirements	Division 1 Registered Nurse
Staff credentialing requirements (provide training details, minimum standards required)	<p>Have post-graduate critical care or emergency qualifications supported by annual Advanced cardiac Life Support (ACLS) accreditation., OR</p> <p>Be undertaking a post-graduate critical care or emergency course with successful completion of the ACLS module.</p> <p>These Division 1 Registered Nurses have all undertaken education in the diagnosis and assessment of cardiac rhythms. This includes theoretical and practical education sessions:</p> <ul style="list-style-type: none"> <li>• Assessment concerning the rhythms that are amenable to atropine and adrenaline.</li> <li>• The drugs and doses used.</li> </ul>
Register of credentialed	It is mandatory that ACLS re-certification of the nurse occurs every

staff (detail mechanism of register maintenance)	<p>12 months.</p> <p>Nurse Unit managers are responsible for ensuring approved nursing staff working in the Critical Care Unit and the Emergency Department are accredited annually in Advanced cardiac Life Support.</p> <p>Nurse Unit Managers will keep a register of those nurses assessed as competent to administer Atropine &amp; Adrenaline in both the Critical Care Unit and the Emergency Department. Registered nurses who fail to undertake their annual ACLS certification will be taken off the register.</p>
<b>STANDING ORDER</b>	
Background	To allow approved Division 1 Registered Nurses to initiate treatment protocols were a medical officer is not immediately available when attending in-hospital cardiopulmonary arrests.
Purpose and scope	In rare circumstances when medical officer is unable to attend an in hospital cardiopulmonary arrest in the time taken to attach monitoring leads, establish intravenous access and interpret the rhythm, approved Registered Nurses are permitted to administer Adrenaline and Atropine as outlined in this standing order without a medical practitioner's order.
Precautions	This protocol is to be read in conjunction with the Ballarat Health Services protocol on basic and advanced life support. As with basic and advanced life support protocols, the emergency drug administration protocols will be reviewed annually in accordance with Australian Resuscitation Guidelines.
Clinical Condition and circumstances for use	<b>Administration of ATROPINE</b> Bradycardia in adult patients where the heart rate is less than 50 bpm (ie Idioventricular rhythm, sinus bradycardias, heart blocks) AND systolic blood pressure is less than 80 mm Hg.
Limitations	For use in adult patients only
Site of care considerations	This standing order applies only at the Base Hospital, and is not for use in the sub-acute or residential care facilities of Ballarat Health Services.
Contra-indications	Known allergy to Atropine.
Monitoring requirements	Continuous monitoring of heart rate and blood pressure.
Procedure	Administer dose by intravenous injection as recommended by the Australian Resuscitation Council Guidelines, or by the endotracheal route if appropriate.
Documentation	All drugs administered as part of resuscitation are recorded & signed on the appropriate resuscitation chart.
Dosage	500 microgram intravenously, may be repeated at 3 minutes intervals to a maximum of 2 mg.
Adverse effects	Adverse events are dose related and usually reversible when therapy is discontinued. Larger doses dilate the pupil and inhibit accommodation of the eye; they also block vagal impulses with consequent increase in heart rate with possible atrial arrhythmias, atrioventricular dissociation, multiple ventricular ectopics and angina. Anaphylaxis, urticaria and rash, occasionally progressing to exfoliation, may develop in some patients

Management of Complications	Commence appropriate resuscitation and notify the medical officer.
General	<b>NB Do not delay notification of an appropriate Medical Officer</b>
Clinical Condition and circumstances for use	<p><b>Administration of ADRENALINE</b>  <u>Indication 1 - Non Ventricular Tachycardia / Non Ventricular Fibrillation</u>                      Asystole or electromechanical dissociation (EMD) in an adult patient, with patient unconscious, not breathing, and pulseless. Asystole confirmed with check of other leads, and placement of leads checked.</p> <p><b>NB Do not delay BLS and notification of Code Blue: assess for reversible causes.</b></p>
Clinical Condition and circumstances for use	<p><b>Administration of ADRENALINE</b>  <u>Indication 2 - Ventricular Fibrillation / Pulseless Ventricular Tachycardia</u>                      VT or VF, patient unconscious, not breathing, pulseless after defibrillation (initial series of 3 shocks)</p> <p><b>NB The first priority is defibrillation</b></p>
Limitations	For use in adult patients only
Site of care considerations	This standing order applies only at the Base Hospital, and is not for use in the sub-acute or residential care facilities of Ballarat Health Services.
Contra-indications	Known allergy to Adrenaline.
Monitoring requirements	Continuous monitoring of heart rate and blood pressure.
Procedure	Administer dose by intravenous injection as recommended by the Australian Resuscitation Council Guidelines, or by the endotracheal route if appropriate.
Documentation	All drugs administered as part of resuscitation are recorded & signed on the appropriate resuscitation chart.
Dosage	1 milligram intravenously, may be repeated at 3 minutes intervals.
Adverse effects	Severe hypertension may lead to cerebral haemorrhage and pulmonary oedema.
Management of Complications	Commence appropriate resuscitation and notify the medical officer.  Assess for reversible causes.
General	
<b>REFERENCES</b>	
References:	
Keywords	Defibrillation Emergency Atropine Adrenaline ACLS