

Post ROSC Handover

PRE-ARRIVAL



ER TEAM

- Assign roles, alert lab and DI
- Page/notify RT
- Norepinephrine from fridge (on arrival if using prime with our tubing)
- Lifepak turned on, confirm Zoll transfer plug present and attached
- Place backboard on bed
- Crash cart med tray out and given to med nurse, push dose epi prepared at physician request
- Portable ultrasound in room, IO available

LFES TEAM

- Provide standard early notification
- Info patch shall include any admin of vasopressors

Post ROSC Handover

1. ARRIVAL



ER TEAM

- Prepare norepinephrine infusion prior to LFES arrival
- Confirm current dosing with LFES Team (different concentrations used)

LFES TEAM

- Team lead gives ER staff verbal report of patient history
- LFES continues patient care on the stretcher
- Ensures no gap in treatment while ER Team preps for handover

2. CLINICAL HANDOVER



ER TEAM

- Continue treatment on LFES monitor until appropriate treatment is in place to discontinue. I.e. pacing, vent, CPR

LFES TEAM

- Take last BP, adjust norepinephrine if applicable or last push dose of EPI delivered
- Deadly cardiac rhythm check and electrical therapy delivered
- RT staff briefed on BVM volume/rate
- RT staff use accuvent to establish “feel” prior to disconnecting

3. FINAL QUESTIONS



ER TEAM

- Once Patient is on the bed transition to LP15 and ED equipment

LFES TEAM

- Safely transition the patient to the ED bed
- Final questions asked and answered