CPER digest March 2015

You have initiated the Medical Cardiac Arrest Medical Directive for an unwitnessed cardiac arrest of suspected cardiac etiology. The patient has remained asystole despite excellent quality CPR after 3 manual interpretations (PCP), and 3 doses of Epinephrine (ACP). At this mandatory patch point in your medical directive you attempt to make contact with the Base Hospital Physician (BHP) for consideration of a Termination of Resuscitation (TOR). The call rings several times and then you receive a recorded message from the Medical Director stating to hang up and call back. You call back but receive a rapid busy signal.

Why didn't the BHP pick up?

- **From 0630-2300 daily, the patch phone is call forwarded to an on-call BHP. Over 80% of all patches are answered within 10 seconds with this system. The on-call phone only rings for 10 seconds before it forwards to the second-on-call and/or goes to a voice message of the Medical Director. The call may not be answered if the mobile phone is out of range temporarily (poor cell coverage), the BHP is on another patch and can't get to the call waiting in less than 10 seconds to answer the second call, is busy in a procedure and can't answer quick enough, or is in the shower (LOL!).**

What should you do if the BHP doesn't answer on the first attempt?

- **If the first attempt to contact a BHP is not successful, wait 30-60 seconds to allow the call diverter to reset and call back.**

Why would you get a busy signal?

- **A rapid or irregular "busy signal" on a BHP call may indicate that the call diverter (located at dispatch) is busy and cannot forward the call to the BHP. This can occur for 3 reasons: the diverter is malfunctioning, there are 2 simultaneous calls into the diverter, or a call has occurred in rapid succession after another call. Note that it takes 30-60 seconds for the diverter to reset – if you call back after the first attempt, always wait 30-60 seconds to allow it to reset so the call will go through.**

What are your next steps?

- **The third attempt should ALWAYS be to contact CACC directly. The CACC can utilize the "back-up" system and put the call through to the Hamilton General Emergency Department "red" phone and request the Emergency Physician attend to the patch. If a paramedic follows this back-up procedure and cannot contact a BHP, they should document this as a patch failure "Code 402" on the ACR/ePCR in addition to completing an incident report as per individual service policies and notifying CPER at cqi@cper.ca. This is a very rare occurrence and we need to be informed so that we can review.**

What would you do if you could not contact the BHP?

- **For the cardiac resuscitation discussed above, BLS and ALS care should be continued and the medical directive specifically indicates that the patient should be transported to the closest medical facility with ongoing resuscitation.**

What would you do if you want to cardiovert a conscious patient in an arrhythmia and you can't reach the BHP quickly?

- **Have a look at the ALSPCS preamble, the tachycardia medical directive and speak with your colleagues. Send us your answer to cqi@cper.ca and the best answer will be published in the next digest and will win fame, recognition and a special prize.**

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