

Initial Date: 06/27/2023

Revised Date:

Section 7-30

Active Compression-Decompression Device (MCA Optional Protocol)

☐ 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 to MDHHS.

Education Requirements:

1. MCAs are responsible for training for the specific device selected.
2. Training must include procedures, indications and contraindications.
3. Training must be submitted to MDHHS.

Requirements:

1. FDA approved and MCA authorized active compression-decompression device.
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.
4. It must be utilized in conjunction with and Impedance Threshold Device (refer to **Impedance Threshold Device-Procedure Protocol**.)

Indications:

1. Cardiac Arrest

Contraindications:

1. Return of Spontaneous Circulation
2. Age and weight restrictions per manufacturers recommendations.

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 the Active Compression-Decompression Device in patient care record.