



Rancho Los Amigos National Rehabilitation Center

DEPARTMENT OF NURSING

CLINICAL

POLICY AND PROCEDURE

SUBJECT: GUIDELINES FOR CARDIOPULMONARY
RESUSCITATION: SPECIAL
CONSIDERATIONS FOR INITIATION

Policy No.: C111.11
Effective Date: 08/1993
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Purpose of Procedure: To provide specific strategies to initiate Cardiopulmonary Resuscitation (CPR) for patients with special needs.

Performed By: All nursing department employees and affiliating nursing students specifically trained in CPR according to the Guidelines of the American Heart Association and these procedures.

Procedural Steps:

I. Patient with a Halo:

A. The chest will be accessed for compressions and visualization of chest rise using either the “flip top” or removal of the halo chest plate.

Key Point: A wrench specific to the type of halo must be secured to the patient's vest at all times to ensure access in an emergency

B. The halo chest plate is removed as necessary to perform basic or advanced cardiac life support procedures, (see Nursing Policy *C118.10 Halo, Emergency Removal of the Halo Vest*).

Key Point: During CPR, maintaining the alignment of the spine and preventing pin dislodgment are secondary ONLY to saving the patient's life.

C. An open airway will be maintained by the use of the jaw thrust technique.

Key Point: This is the airway maneuver of choice when the patient has a spine injury.

D. If defibrillation is necessary, don't touch the bars with the defibrillator.

II. Patient in Bathtub/Shower or Any Wet Surface:

A. If needed, CPR is initiated immediately by the first responder.

B. During defibrillation, water may conduct the shock across the patient's chest and prevent adequate shock to the heart.

C. If the patient is in water, pull him/her out of the water and begin CPR. Do not use an AED/Defibrillator in water.

If the chest is covered with water, quickly wipe the chest before attaching the AED pads. AED may be used if the patient is lying in a small puddle after wiping the chest dry.

III. Patient in a Wheelchair:

A. Patient should be removed from the wheelchair.

B. One of the following methods may be used to remove the patient from the wheelchair:

1. Lower the chair to the floor by tilting it backwards. Carefully pull the patient out of the chair, protecting the head from injury.

Key Point: Performed with manual wheelchair only.

Key Point: Anti-tip bars need to be lifted out of the way to lower manual wheelchair to the floor.

2. Utilize a mechanical safe patient handling equipment if available. If not, use a 2 or 4 person-carry, lift the patient out of the wheelchair onto the floor, bed or other hard surface.

C. All components of CPR will be initiated immediately after removing the patient from the wheelchair.

IV. Patient with a Tracheostomy:

- A. All patients will have a bag-valve-mask device immediately available at all times for use in the event of a respiratory arrest or other emergency. The bag-valve device will be stored in the emergency equipment bag which should be in plain view at all times by the patient.
- B. Ventilation of a patient with a tracheostomy will be accomplished by placing the head in a neutral position and providing ventilation by connecting the bag-valve device to the trach tube.
- C. All other components of CPR will be initiated as needed per American Heart Association guidelines.

Revised by: Ramon Enage RN, CCRN

References:

AHA. (2020). *Basic life support*. American Heart Association.

Lippincott Procedure. (2022, February 18). Halo-vest Traction: Care of Patient. Retrieved from <https://procedures.lww.com/lnp/view.do?pld=6607808&hits=traction,halo,vest&a=true&ad=false&q=halo-vest%20traction>

Product information: Clinitron, Flexicair, and Accucair Beds, Volkner, Rite-Hite, Total Care Bariatric, and Versacare.

Wiegand, D. L. (2017). AACN procedure manual for high acuity, progressive, and critical care (7th ed.). Elsevier.

08/93 – New
12/96 – Revised
11/99 – Revised
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