



# Montgomery County Fire and Rescue Service

## Division of Operations

### Emergency Medical and Integrated Healthcare Services

#### Office of Medical Oversight Clinical Practice Guideline

<b>Title:</b>	Point of Care Ultrasound – POCUS	<b>Number:</b>	2024 – 03
<b>Date:</b>	July 19, 2024		
<b>Issued by:</b>	Roger M. Stone MD, MS – MCFRS Medical Director		
<b>Purpose:</b>	<ol style="list-style-type: none"> <li>1. To define the <b>two distinct</b> use cases for POCUS</li> <li>2. To define the medical processes for using POCUS</li> <li>3. To highlight treatment priorities in certain patients identified by POCUS</li> </ol>		
<b>Target Patient Population:</b>	<b><u>This CPG replaces and rescinds CPG 2023 - 02</u></b> Adult medical cardiac arrest patients in PEA		
<b>Guideline:</b>	<p><b>*Clinicians using this guideline must be individually authorized by the MCFRS Medical Director</b>  <b><u>USE CASE 1 – To inform transport timing:</u></b></p> <pre> graph TD     Start[Adult Patient in Cardiac Arrest] --&gt; D1{Medical Etiology?}     D1 -- Yes --&gt; A1[Follow appropriate algorithm]     D1 -- No --&gt; End([Continue care as usual])     A1 --&gt; D2{PEA?}     D2 -- Yes --&gt; A2[Perform POCUS]     D2 -- No --&gt; End     A2 --&gt; D3{Evidence of Carotid Blood Flow?}     D3 -- Yes --&gt; D4{mCPR in place and advanced airway?}     D3 -- No --&gt; End     D4 -- Yes --&gt; B1([Consider transport to CIC at this point])     D4 -- No --&gt; End     B1 --&gt; B2([Consider that this patient may be in "pseudo PEA" with severe hypotension])     B2 --&gt; B3([Continue CPR if pulse is not palpable. Consider administering treatments for profound hypotension: IV fluid bolus, Norepinephrine infusion (if max dose of bolus epi has been reached)])           </pre>		



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<p><b>Guideline:</b> <b>(continued)</b></p>	<p><b>USE CASE 2 – TOR decision making:</b></p> <pre> graph TD     Start([Patient being considered for TOR after resuscitation]) --&gt; D1{POCUS available?}     D1 -- No --&gt; A[Use standard TOR Criteria]     D1 -- Yes --&gt; B[Evaluate Cardiac Rhythm]     B --&gt; D2{PEA?}     D2 -- No --&gt; A     D2 -- Yes --&gt; C[Perform POCUS assessment]     C --&gt; D3{Carotid flow associated with rhythm?}     D3 -- No --&gt; D[May terminate resuscitation regardless of ETCO2]     D3 -- Yes --&gt; E([Consider transport to CIC at this point])     E --&gt; F([Consider that this patient may be in "pseudo PEA" with severe hypotension])     F --&gt; G([Continue CPR if pulse is not palpable Consider administering treatments for profound hypotension: • IV fluid bolus • Norepinephrine infusion (if max dose of bolus epi has been reached)])     </pre>
<p><b>Documentation:</b></p>	<p><b>Each time</b> ultrasound is used to assess a patient it <b>must be documented as a procedure in eMeds:</b></p>