



Hands-Only CPR | FACT SHEET

♥ Why Learn Hands-Only CPR?

Cardiac arrest – an electrical malfunction in the heart that causes an irregular heartbeat (arrhythmia) and disrupts the flow of blood to the brain, lungs and other organs – is a leading cause of death. Each year, more than 350,000 EMS-assessed out-of-hospital cardiac arrests occur in the United States.

When a person has a cardiac arrest, **survival depends on immediately receiving CPR from someone nearby.**

According to the American Heart Association, about 90 percent of people who suffer out-of-hospital cardiac arrests die. CPR, especially if performed immediately, can double or triple a cardiac arrest victim's chance of survival.

♥ Be the Difference for Someone You Love

If you are called on to give CPR in an emergency, you will most likely be trying to save the life of someone you love: a child, a spouse, a parent or a friend.



About **70 percent** of out-of-hospital cardiac arrests happen in homes



About **46 percent** of people who experience an out-of-hospital cardiac arrest receive the immediate help that they need before professional help arrives

Hands-Only CPR has been shown to be as effective as conventional CPR for cardiac arrest at home, at work or in public.

Hands-Only CPR has just two easy steps, performed in this order:

1



Call 911 if you see a teen or adult suddenly collapse



2



Push hard and fast in the center of the chest to the beat of a familiar song that has 100 to 120 beats per minute

♥ Music Can Save Lives

Song examples include “Stayin’ Alive” by the Bee Gees, “Crazy in Love” by Beyoncé featuring Jay-Z, “Hips Don’t Lie” by Shakira” or “Walk the Line” by Johnny Cash. People feel more confident performing Hands-Only CPR and are more likely to remember the correct rate when trained to the beat of a familiar song.

When performing CPR, you should push on the chest at a rate of 100 to 120 compressions per minute, which corresponds to the beat of the song examples above.

♥ Take 90 Seconds to Learn How to Save a Life

Watch the 90-second video. Visit heart.org/handsonlycpr to watch the Hands-Only CPR instructional video and share it with the important people in your life. Hands-Only CPR is a natural introduction to CPR, and the AHA encourages everyone to learn conventional CPR as a next step. You can find a CPR class near you at heart.org/findacourse.

NOTE: The AHA still recommends CPR with compressions and breaths for infants and children and victims of drowning, drug overdose, or people who collapse due to breathing problems.



To learn more, visit heart.org/handsonlycpr



SOUTHAMPTON MEMORIAL HOSPITAL EXERCISE STRESS TESTING COMPETENCY VALIDATION CHECKLIST

Name _____

Date _____

NOTE: This is a representative sample of technical competencies necessary for safe clinical practice. This supplements other continuing education staff development/education programs and the QI monitoring program.

| LEGEND | | LEVEL OF PERFORMANCE |
|---|---------------------------------------|--|
| <input type="checkbox"/> Review Policy | <input type="checkbox"/> New Employee | 1. NEEDS ASSISTANCE -little/no experience 2. MINIMAL ASSISTANCE -some experience 3. PERFORMS INDEPENDENT -competent 4. RESOURCE/INSTRUCTOR -competent/able to teach |
| <input type="checkbox"/> Direct Observation | <input type="checkbox"/> Annual | |
| <input type="checkbox"/> Skills/Lab Testing | <input type="checkbox"/> Neonatal | |
| <input type="checkbox"/> Written Exam | <input type="checkbox"/> Pediatric | |
| <input type="checkbox"/> Video Review/Testing | <input type="checkbox"/> Adult | |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Geriatric | |

| Standard | Level of Performance | |
|---|----------------------|-----------|
| | Self-evaluation | Evaluator |
| Identify patient using 2 patient identifiers as defined by hospital policy. | | |
| Introduce yourself and explains procedure to patient. | | |
| Has knowledge of what instructions patients are given prior to testing. | | |
| Has knowledge of what cardiac drugs interfere with Cardiac stress testing. | | |
| Demonstrates the proper prep technique. | | |
| Demonstrates the correct placement of electrodes. | | |
| Demonstrates competency and knowledge of what to do if the electrodes will not stay on the patient. | | |
| Ensures ECG recording for minimal for artifact and drift prior to start of test. | | |
| Instructs and demonstrates to patient on proper equipment and treadmill safety and documented. | | |
| Has signed consent prior to start of test. | | |
| Has knowledge of different protocols used for cardiac stress testing. | | |
| | | |
| | | |
| | | |

Employee Signature _____ Date _____

Evaluator Signature _____ Date _____



Cardiopulmonary Services Department Patient Instruction Sheet

Standard Stress Test

What is a Standard Stress Test?

A standard stress test allows your physician to learn how well your heart functions when it is made to work harder. This test can help detect heart problems that may not be detected when you are at rest. The standard stress test is done while you walk on a treadmill. During the test, an EKG records your heart rhythm and your blood pressure will be monitored.

What does this test show?

Even if your heart functions well at rest, the blood supply to the heart may not be sufficient to meet its needs when its workload is increased. The standard stress test is used to see how well your heart functions during exercise. Throughout the test, several types of information are being recorded such as how long were you able to exercise, did you have any significant symptoms, what happened to your heart rate and blood pressure, and what did your EKG show. Standard stress tests are ordered to diagnose the cause of chest pain, determine the level of heart function in people with heart disease, evaluate the benefit of treatments such as medications, or heart-related surgeries, look for abnormal heart rhythms that may develop during exercise, and determine the level of exercise that is right for you.

What do I need to do to get ready for the test?

Your physician may decide to discontinue certain heart medications before your test. The reason for stopping these medications is because they may interfere with the results of the test. Do not smoke, or eat anything past midnight. You may drink a small amount of water to take any prescribed medications. You should wear comfortable shoes for walking and comfortable clothing. Please make sure that the clothing allows easy access to the chest area.

Is the test safe?

The test is generally safe. A small amount of risk does exist any time you place your heart under stress. Possible rare complications include abnormal heart rhythms and a heart attack. An experienced physician and specially trained personnel are present during your entire test in the event an emergency should arise.

What will happen after the test?

The physician that was present during your test will study the data and a report will be given to your physician. Try to relax and rest your body after your test. Also, you may want to eat a complete meal after your test since it will have been quite a while since you will have eaten a complete meal.

If you have questions about your appointment, contact Central Scheduling at (757) 569-6408

If you have any questions before or after your test, please contact the Cardiopulmonary Services Department at (757) 569-6145 or your physician's office.



SOUTHAMPTON
MEMORIAL HOSPITAL

Cardiopulmonary Services Department Patient Education Sheet

Lexiscan Cardiolute Stress Test (non – walking)

What is a Lexiscan Stress Test?

A Lexiscan Stress Test is used to diagnose coronary artery disease or CAD in patients unable to walk on a treadmill or tolerate physical exercise. This test uses a radioactive substance, known as a tracer, to give us the ability to view pictures of your heart muscle and a medication called Lexiscan is used to make your heart work harder to imitate exercise. This test allows your physician to determine if any areas of your heart are being denied blood flow which could lead to heart attack and/or heart disease.

What does this test show?

First, you will go to the nuclear medicine area of Radiology and an IV will be started in your arm. Next, a small amount of Cardiolute is injected into the IV in your arm while you are resting. A nuclear medicine camera will take pictures of your heart. Once your resting pictures are complete, you will have your stress test. During the stress test, a small amount of Lexiscan and Cardiolute is injected into the IV in your arm while you are on a stretcher. The Cardiolute travels in throughout your body to your coronary arteries and heart muscle. Areas of the heart muscle that have the proper amount of blood flow pick up the Cardiolute quickly and areas in which the coronary arteries are blocked or partially blocked pick up the Cardiolute slowly or not at all. The nuclear medicine camera will be able to see the areas that picked up the Cardiolute and the areas that did not. We will be able to compare how much blood flows to the heart muscle at rest and during exercise.

What do I need to do to get ready for the test?

Your physician may decide to discontinue certain heart medications before your test. The reason for stopping these medications is because they may interfere with the results of the test. Do not smoke, or eat anything past midnight. You may drink a small amount of water to take any prescribed medications. You should wear clothing that makes it easy to access your chest area.

How long does the test take?

Allow 3-4 hours for the entire test, which includes preparation, the stress portion, and the imaging for rest and after exercise simulation (stress portion).

Is the test safe?

The radiation exposure during a Cardiolute is small, and the doses used are safe. However, if you are pregnant, suspect you may be, or are a nursing mother, be sure to let your doctor and the technologists know. The use of Lexiscan is also safe. A small amount of risk does exist, however, because it stresses the heart, possible rare complications include abnormal heart rhythms, and a heart attack. Some patients experience mild side effects from Lexiscan such as headache, nausea, or wheezing. If needed, these side effects can be reversed quickly by injecting a small dose of aminophylline in your IV once the test is complete. Experienced and specially trained personnel will be present during your test to handle any emergency. A physician will be present during the entire stress portion of the test.

What will happen after the test?

The physician that was present during the stress portion of your test will study the data and a report will be given to your physician. A cardiologist will study your pictures and a report of his findings will be given to your physician. Try to relax and rest your body after your test. Also, you may want to eat a complete meal after your test since it will have been quite a while since you will have eaten a complete meal.

If you have questions about your appointment, contact Central Scheduling at (757) 569-6408

If you have any questions before or after your test, please contact the Cardiopulmonary Services Department at (757) 569-6145 or your physician's office.



SOUTHAMPTON
MEMORIAL HOSPITAL

Cardiopulmonary Services Department Patient Education Sheet

Cardiolite Stress Test

What is a Cardiolite Stress Test?

A Cardiolite Stress Test is a test that uses a radioactive substance, known as a tracer, to give us the ability to view pictures of your heart muscle. When combined with a standard stress test, it helps to determine if areas of your heart are receiving the proper amount of blood. The Cardiolite Stress Test is especially useful in diagnosing coronary artery disease or CAD, which means that the arteries that supply oxygen-rich blood to the heart are blocked or becoming blocked.

What does this test show?

First, you will go to the nuclear medicine area of Radiology, and an IV will be inserted in your arm. Then, a small amount of Cardiolite is injected into the IV in your arm while you are resting. A nuclear medicine camera will take pictures of your heart. Once your resting pictures are complete, you will have your stress test. During the stress test, a small amount of Cardiolite is injected into the IV in your arm while you walk on the treadmill. The Cardiolite travels in throughout your body to your coronary arteries and heart muscle. Areas of the heart muscle that have the proper amount of blood flow pick up the Cardiolite quickly and areas in which the coronary arteries are blocked or partially blocked pick up the Cardiolite slowly or not at all. The nuclear medicine camera will be able to see the areas that picked up the Cardiolite and the areas that did not. We will be able to compare how much blood flows to the heart muscle at rest and during exercise.

What do I need to do to get ready for the test?

Your physician may decide to discontinue certain heart medications before your test. The reason for stopping these medications is because they may interfere with the results of the test. Do not smoke, or eat anything past midnight. You may drink a small amount of water to take any prescribed medications. You should wear comfortable shoes for walking and comfortable clothing. Please make sure that the clothing allows easy access to the chest area.

How long does the test take?

Allow 3-4 hours for the entire test, which includes preparation, the exercise portion, and the imaging for rest and after exercise.

Is the test safe?

The radiation exposure during a Cardiolite is small, and the doses used are safe. However, if you are pregnant, suspect you may be, or are a nursing mother, be sure to let your doctor and the technologists know. The exercise test is also safe. A small amount of risk does exist, however, because it stresses the heart, possible rare complications include abnormal heart rhythms, and a heart attack. Experienced and specially trained personnel will be present during your test to handle any emergency. A physician will be present during the entire exercise portion of your test.

What will happen after the test?

The physician that was present during the treadmill portion of your test will study the data and a report will be given to your physician. A cardiologist will study your pictures and a report of his findings will be given to your physician. Try to relax and rest your body after your test. Also, you may want to eat a complete meal after your test since it will have been quite a while since you will have eaten a complete meal.

If you have questions about your appointment, contact Central Scheduling at (757) 569-6408

If you have any questions before or after your test, please contact the Cardiopulmonary Services Department at (757) 569-6145 or your physician's office.

SMH Emergency Department Registrar Guidelines For Patients With Chest Pain

Guidelines are established to immediately notify the Emergency Department Nurse of any patient needing emergency care for chest pain

1. Patient presents to the ED registration desk and complains of the following
 - a. Chest Pain All above the age of 16years
 - b. Palpitations All new onset regardless of age
 - c. Abdominal pain described as epigastric All greater than 40 years of age
 - d. Shortness of Breath
New onset
All Diabetics
Known heart disease including CHF, post surgery, previous MI
 - e. Weakness All new onset
 - f. Syncope All new onset
 - g. Identified risk factors Smoking, Diabetes, Hypocholesteremia
2. All new registrars will have initial training in when to notify EE nurses immediately by following the above guidelines
3. Education will be repeated each year at a staff meeting by the Director of Patient Access Services/ designee or the Emergency Department Nursing Director

Immediate EKG Protocol

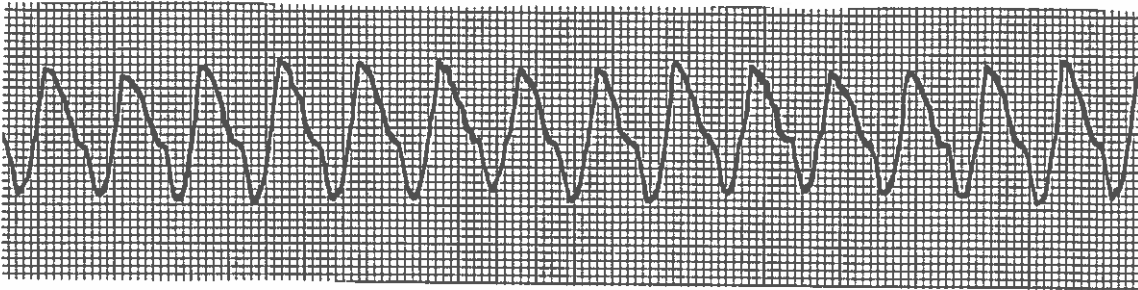
All patients with the following complaints should have an EKG done IMMEDIATELY upon arrival, either at the bedside or at triage. All EKG's should be given directly to an Emergency Physician for initial review.

- **Chest Pain (including ALL possible etiologies)**
All males and females regardless of age
- **Palpitations**
All new onset regardless of age or sex
- **Abdominal Pain described as epigastric pain**
All males and females > 40 years old
- **Shortness of Breath**
All new onset
All diabetics
Known heart disease (including CHF, post surgery, previous MI)
- **Weakness**
All new onset
- **Syncope**
All

Risk Factors: **Smoking**
 Diabetes
 Hypercholesteremia

Name:

Date:



2018 Cardiac Rhythm Recognition Drill

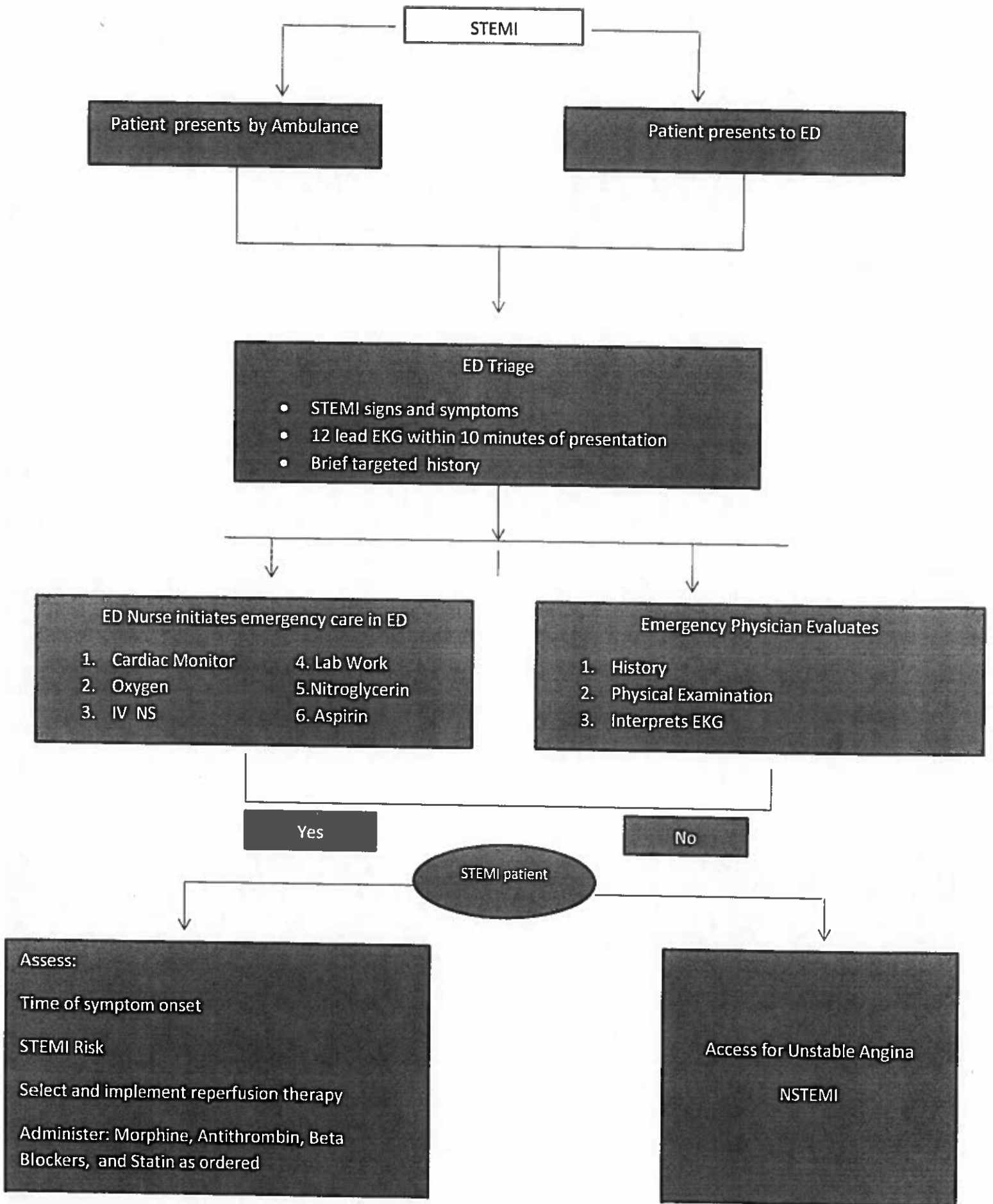
Acute Care Competency

SMH requires a yearly scored rhythm knowledge assessment for all nurses working in acute care.

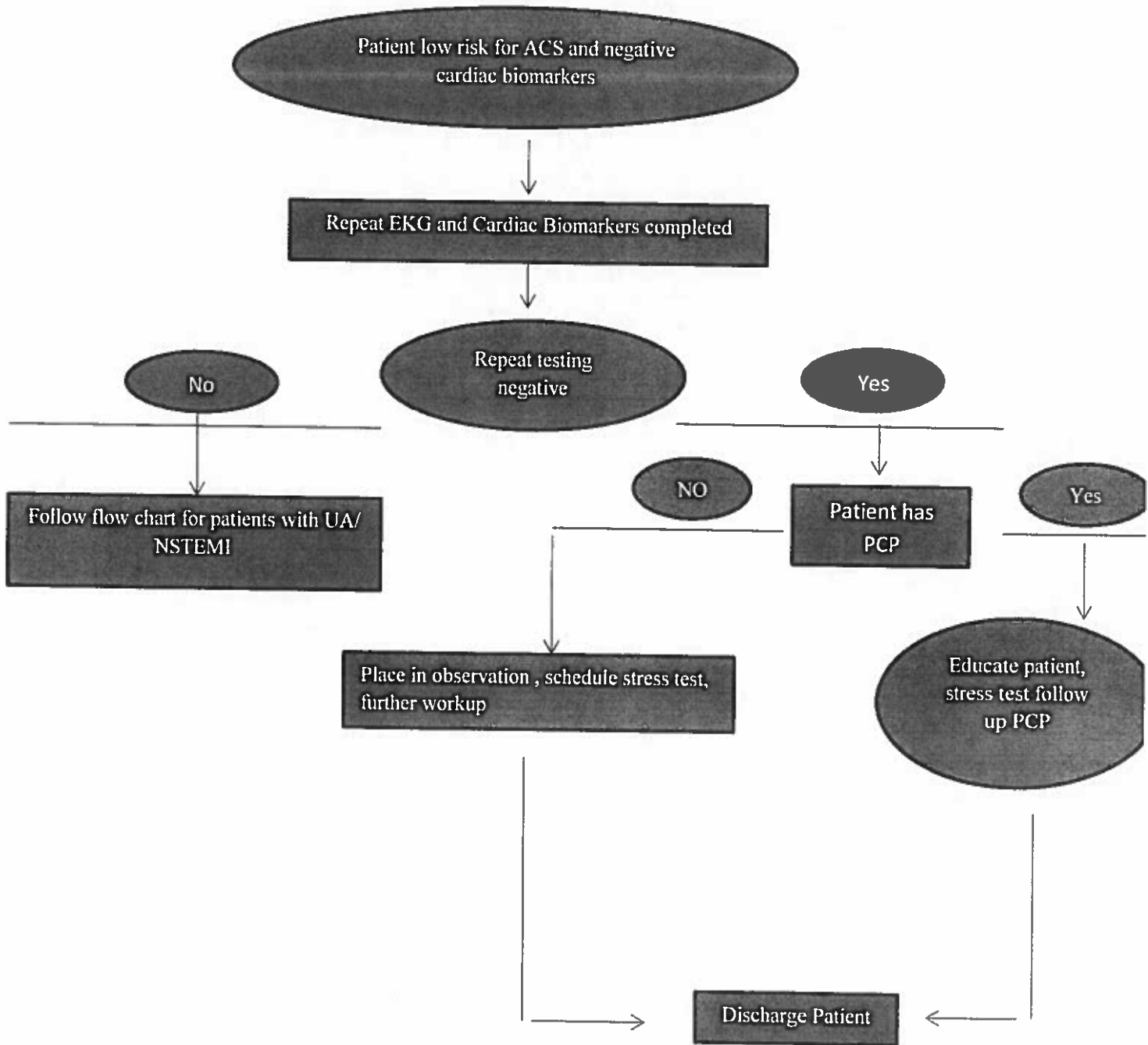
Please follow the steps below.

- 1) Visit the website <http://www.practicalclinicalskills.com>
- 2) Find the EKG page and start the Arrhythmia (Practice Strip) drill. There are multiple choice answer selections for each strip.
- 3) Review and Analyze a minimum of 20 strips. Your cumulative score will display with each answer.
- 4) When you have completed at least 20 strips, print the page with your cumulative score. Only print the rhythm strips you miss and attach to that score.
- 5) Your goal is to have 85% accuracy.
- 6) Return to PLlewellyn, RN 's mailbox in the Sup office. Please keep a copy of your final score. The original will placed in your competency file.
- 7) Return by March 1, 2018.

SMH STEMI Flowchart



SMH LOW Risk Cardiac Suspect Patient



SMH CHEST PAIN ALGORITHM/PROTOCOL

