



Montgomery County Fire & Rescue Service

Division of Operations

Emergency Medical and Integrated Healthcare Services

CARE OF THE PATIENT IN EXTREMIS OR IMMINENT DANGER OF DETERIORATION TO CARDIAC ARREST – **CRASHING PATIENT**

We have identified a set of circumstances occurring a few times a month that we must address. The concern involves management of the “**crashing patient**” or peri-arrest (formerly pre-code) patient.

What we are seeing:

- Clinician finds a patient who is obviously very sick, often with acute respiratory distress but it can be any medical presentation that requires immediate care.
- Clinician moves the patient to the unit prior to any further assessment or treatment.
- After loading the patient into the unit, they discover the patient to be in arrest. Witnessed cardiac arrest is called **PARCA – Post Arrival Respiratory/Cardiac Arrest**.

In some cases, PARCA can be prevented.

The time to intervene for these patients is prior to arrest. It is far more beneficial to the patient to treat right away in an attempt to prevent cardiac arrest rather than to move them. You have what the crashing patient needs in that moment and moving them only delays delivery of valuable therapies.

This situation is not unique to Montgomery County. There was considerable discussion at this year’s National Association of EMS Physician’s Conference about the PARCA syndrome and the successes other EMS agencies have had in reducing its occurrence. Please watch this presentation from the conference that explains it very well:

<https://www.youtube.com/watch?v=hjtkWrLbxaY>

What you can do to prevent it:

When you first encounter a patient who “looks sick” to you – whatever may cause you to identify them that way – **STOP**. Complete a patient assessment including a full set of vital signs and treat the life threats you identify:

- Limit patient exertion – do not ask them to walk or stand
- Treat hypoxia with oxygen, CPAP, or other therapies as indicated
- Treat hypotension with fluids and medications as indicated
- Provide lifesaving electrical therapy when appropriate

Much as you have become accustomed to doing with cardiac arrest patients, do these things prior to moving the patient. We trust you to do the things we have educated and equipped you to do. Treat your patients when and where they need it most.

We are leading a statewide effort to develop modifications to the protocol that address the crashing patient. **Until that is in place, I ask that each of you look for ways to improve your own practice by providing care as we have outlined above.**