For SmartMan Code, Megacode and Megacode ROC
V1.1.0 current at 1 October 2013

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3.0 WHICH CODE TO RUN (AHA or ROC)

Depending on which version of the manikin your purchased and which software you have you may have the option to run more than one protocol. SmartMan Code supports both the AHA protocols for CPR and the ROC protocols for CPR.

If you are not sure which protocol you are following, see below for the defining differences between the two protocols.

3.1 AHA Protocols

This is the protocol to be performed on an intubated patient as recommended by the current AHA 2010 Guidelines.

10:1
ALS

The current protocol for performing CPR on an intubated patient is continuous chest compressions with a ventilations provided about every 6 seconds. The chest compressions are also on-going when the ventilations are provided. This goes for between 2-4 minutes before the AED analyzes the heart rhythm.

The volume of the ventilation is the same as in normal CPR, i.e. between 500ml and 700ml.

In the SmartMan Megacode, once you start 10:1 on an intubated victim the program will always look for 10:1. You cannot return to 30:2. You must perform 10:1 once intubation has occurred. 10:1 on an intubated victim is detected by the program when you give a breath about every six seconds or about every 10th compression.

In SmartMan this means it must be between every 6th to 14th compression. If it is outside of this range it will not show.

3.2 ROC Protocols

Resent recearch into CPR by the Resuscitation Outcomes Consortium (ROC) has been trialing a variation on performing CPR. This protocol aims to provide continuous chest compressions with ventilations even when a patient does not have an advanced airway.

This protocol must not be confused with the above 10:1 ALS protocol. It is performed on a non-intubated patient. This dramatically changes how the ventilation is performed.

We indicate the difference between the two protocols by indicating whether it is ALS or BLS.

10:1 ALS is on an intubated patient and you give 500ml-700ml of air

10:1 BLS is on a non-intubated patient and you give 300ml-400ml of air

10:1 BLS	CPR protocol on a non-intubated patient is continuous chest compressions with a ventilations provided about every 6 seconds while the chest compressions are on-going.
	This is a low volume protocol as the victim is NOT intubated and there is a potential problem with insuflation of the stomach. With help from the negative pressure created on release of the chest compression it is possible to put between 300ml and 400ml into the lungs. This lower volume will be indicated in the ventilations feedback area.
	Intubation. You can still provide an advanced airway on this patient at some point during the code. Click on the intubate button and the program will switch to 10:1 ALS. You will notice that the volume indicators on the screen will change to 500ml – 700ml.
	In the SmartMan Megacode, once you start 10:1 ALS on an intubated victim the program will always look for 10:1 ALS. You cannot return to 30:2 or 10:1 BLS.
	You must perform 10:1 once intubation has occurred. 10:1 on an intubated victim is detected by the program when you give a breath about every six seconds or about every 10th compression. In SmartMan this means it must be between every 6th to 14th compression. If it is outside of this range it will not show.