Cardiac arrest circular algorithm*

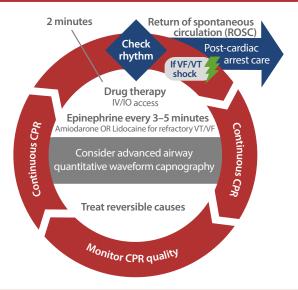




Shout for help/activate emergency response

Start CPR

■ Give oxygen ■ Attach monitor/defibrillator





Doses/details for the cardiac arrest algorithms

CPR quality

- Push at least 2" (100–120/min) and allow complete chest recoil
- Minimize interruptions in compressions**
- Avoid excessive ventilation
- Rotate compressor every 2 minutes
- If no advanced airway, 30:2 compression-ventilation ratio
- Quantitative waveform capnography
- If PETCO2<10 mm Hg, attempt to improve CPR quality

Drug therapy

- Epinephrine IV/IO Dose:
 - O Dose: I mg
- Amiodarone IV/IO Dose***:
- Lidocaine:
- 1 mg every 3–5 minutes
- First dose: 300 mg bolus Second dose: 150 mg
- First dose: 1–1.5 mg/kg Second dose: 0.5–0.75 mg/kg

Advanced airway****

- Supraglottic advanced airway or endotracheal intubation
- 10 breaths per minute with continuous chest compressions

Indication of spontaneous circulation (ROSC)

- Pulse and blood pressure
- Abrupt sustained increase of PETCO₂ of > 25 mm Hg check perfusion status. An increase to greater than 40 mm Hg is confirmation of ROSC.
- Spontaneous arterial pressure waves with intra-arterial monitoring

Shock energy

- Biphasic: Manufacturer recommendation (eg. initial dose of 120–200 J): if unknown, use maximum available
- Second and subsequent doses should be equivalent, and higher doses may be considered

Reversible causes

- Hypovolemia
- Hypoxia
- Hydrogen ion (acidosis)
- Hypo-/Hyperkalemia
- Hypothermia
- Tension pneumothorax
- Tamponade, cardiac
- Toxins
- Thrombosis, pulmonary
- Thrombosis, coronary

*Link MS, Berkow LC, Kudenchuk PJ, Halperin HR, Hess EP, Moitra VK, Neumar RW, O'Neil BJ, Paxton JH, Silvers SM, White RD, Yannopoulos D, Donnino MW. Part 7: adult advanced cardiac life support. 2015 American Heart Association Guidelines Update for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care. Circulation 2015 132 (suppl 2):5444-5464 **Bobrow BJ, Clark LL, Ewy GA, Chikani V, Sanders AB, Berg RA, Richman PB Minimally Interrupted cardiac resuscitation by emergency medical services for out of hospital cardiac arrest. JAMA 2008;299:1158-1165 ***E Dorian P, Cass D, Schwartz B, Cooper R. Gelaznikas R, Barr A. Amiodarone as compared with Lidocaine for shock resistant ventricular fibrillation N Engl J Med 2002;346:884-890. **** Dorges V, Wenzel V, Knacke P, Gerlach K, Comparison of different airway management strategies to ventilate apneic, nonpreoxygenated patients. Crit Care Med. 2003;31:800-804

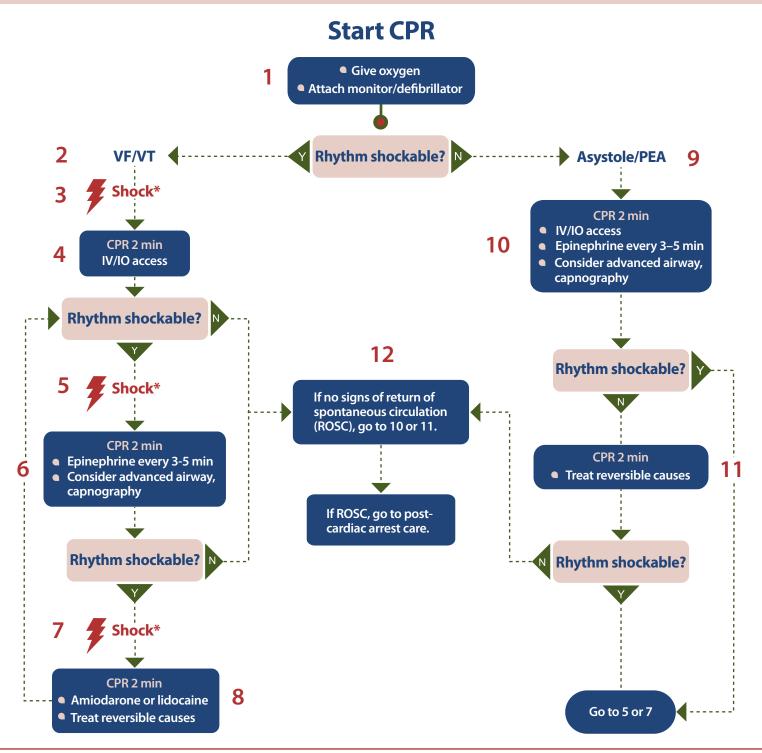


Cardiac arrest algorithm





Shout for help/activate emergency response



*Link MS, Atkins DL, Plassman RS, Halperin HR, Samson RA, White RD, Cudnik MT, Berg MD, Kudenchuk PJ, Kerber RE. "Part 6: electrical therapies: automated external defibrillators, defibrillation, cardioversion, and pacing: 2010 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care". Circulation. 2010;122(suppl 3): 5706-5719. http://circ.ahajournals.org/content/122/18_suppl_3/5706

