MEDICATIONS

ASA: 162mg - 325mg PO/Chewed

Nitroglycerine: 0.4mg SL q 5 min x 3
B/P >100 systolic

Morphine: 2-10 mg IVP

Atropine: 1.0mg IVP q 3-5 min "Max 3mg"

Epinephrine: 1mg: 10,000 IV/IO q 3-5 min

Shockable rhythms: give after defibrillation attempts, not with 1st shock. Non-shockable (PEA/asystole): give as early as possible.

Epinephrine Drip: 2-10 µg/min "Titrate"

Dopamine: 5-20 µg/kg/min "Titrate"

Amiodarone:
Cardiac Arrest VF/pVT
300mg IV/IO "First Dose"
150mg IV/IO "Second Dose"
Ventricular Ectopy
150mg / 100ml D5 Infused over 10 min

Lidocaine:
Cardiac Arrest VF/pVT
1.0mg-1.5mg/kg IV/IO "First Dose"
0.5mg-0.75mg/kg IV/IO "Second Dose"
Ventricular Ectopy
0.5mg-1.5mg/kg IV/IO

Adenosine:
6mg IV/IO RIVP
12mg IV/IO RIVP

Magnesium Sulfate:

1-2g in 100 ml over 10 minutes. NOT routine in undifferentiated arrest — reserve for torsades de pointes / known hypomagnesemia.

Sodium Bicarbonate:

1meq/kg IV/IO. NOT routine in undifferentiated arrest — reserve for hyperkalemia, TCA overdose, known preexisting acidosis.

AIRWAY / TTM / MISC

SPO2 >94% No Oxygen (during arrest)

Post-ROSC: titrate O2 to SpO2 92-98% (avoid hyperoxia/hypoxia); 100% O2 until reliable SpO2 obtained.

ETCO2
Normal 35-45 mm Hg with Pulse
CPR/Advanced Airway >10 mm Hg

Do not use ETCO2 value alone to terminate resuscitation.

Target Temperature Management (TTM)

32-37.5°C (89.6-99.5°F) — pick one target & hold it; maintain ≥36 hrs, then actively prevent fever (≤37.5°C) through 72 hrs post-arrest. Routine 32-36°C hypothermia no longer preferred for all comers.

Reversible Causes

Hypovolemia	Toxins "overdose"
Hypoxia	Tension Pneumothorax
Hypothermia	Tamponade "Cardiac"
Hydrogen "Acid Base"	Thrombosis Coronary
Hypo/Hyperkalemia	Pulmonary - PE

Infusion Drugs

Dopamine (mix 400mg in 250 ml D5W) (1600 ug/ml)
Inotropic Dose: 5-10 µg/kg/min

Epinephrine Bradycardia / Hypotension
Range 2-10 µg/min (mix 1 mg in 250 ml D5W)

µg/min	2	3	4	5	6	7	8	9	10
µ drop	30	45	60	75	90	105	120	135	150

Lidocaine (mix 1 gm in 250 ml D5W)

Lido mg/ml	1mg	2mg	3mg	4mg
µ drop	15 gtts	30 gtts	45 gtts	60 gtts

Chest Rise CPR

Guidelines – ChestRiseCPR.com

MONITORS

Defibrillation

V-Fib – pVTach "No Pulse"

120-200 Joules or equivalent per manufacturer. **Single-shock** strategy — no stacked shocks; resume CPR immediately after each shock.
LifePak: 200,300,360 J
Zoll: 120, 150, 200, 200 J
Phillips: 150 J

Synchronized Cardioversion

V Tach with pulse: 100 J

Atrial Flutter: 200 J initial
(was 50-100 J)

Atrial Fibrillation: ≥200 J initial

(was 120-200 J; lower initial energies had higher failure/refractory-VF rates)

SVT: 50-100 J

Post-ROSC Targets

MAP ≥ 65 mmHg
SpO2 92-98%
Glucose 144-180 mg/dL
Temperature control 32-37.5°C, fever prevention ≤37.5°C to 72h