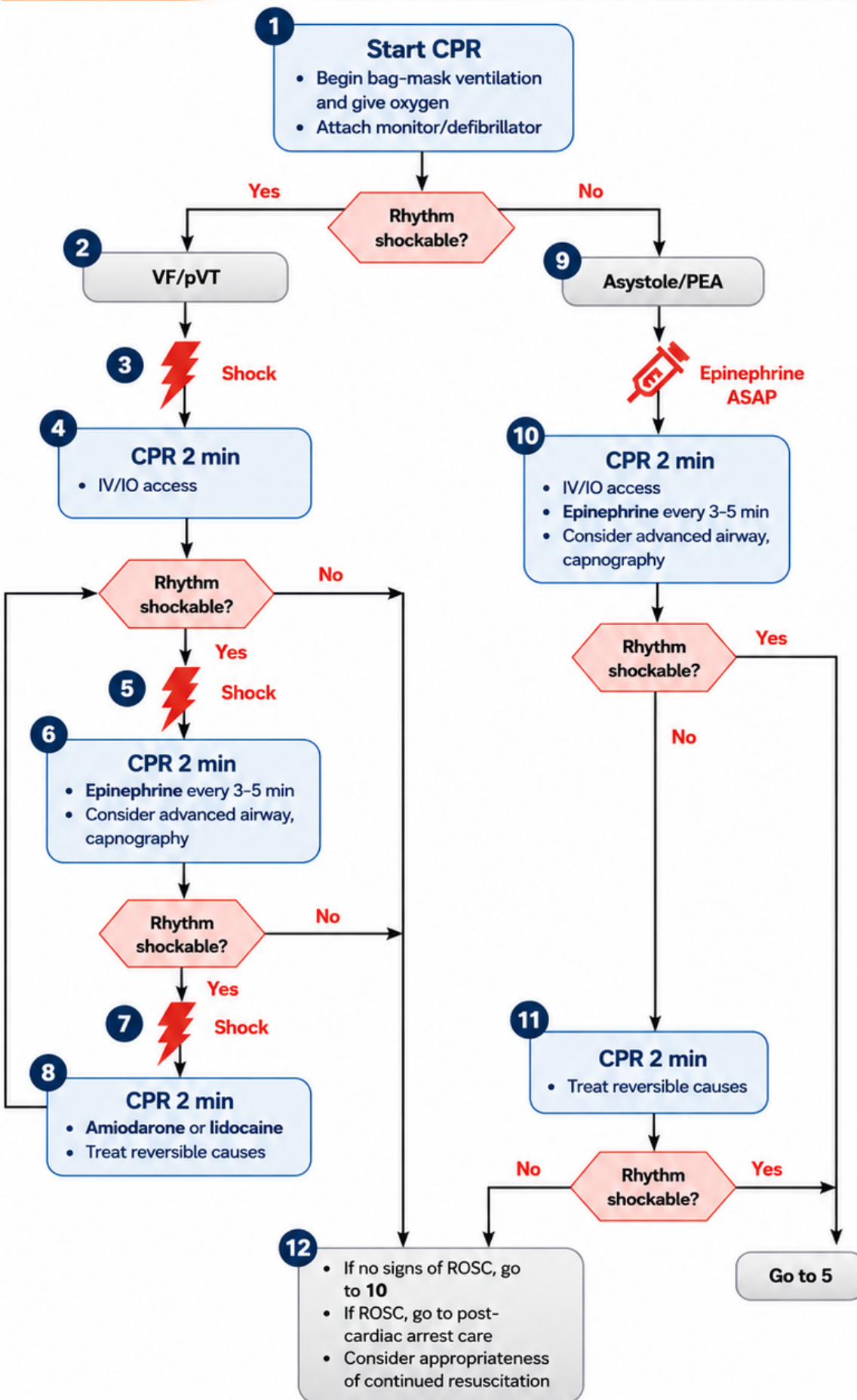


ADULT CARDIAC ARREST ALGORITHM (VF/pVT/Asystole/PEA)



HIGH-QUALITY CPR

- Push hard (at least 2 inches [5 cm]).
- Push fast (100–120/min) and allow complete chest recoil.
- Minimize interruptions in compressions.
- Avoid excessive ventilation.
- Change compressor every 2 minutes, or sooner if fatigued.
- If no advanced airway, use 30:2 compression-ventilation ratio.
- If advanced airway in place, give 1 breath every 6 seconds (10 breaths/min) with continuous chest compressions.
- Continuous waveform capnography
 - If ETCO_2 is low or decreasing, reassess CPR quality.

SHOCK ENERGY FOR DEFIBRILLATION

- 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.
- Monophasic:** 360 J

DRUG THERAPY

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

ADVANCED AIRWAY

- ET intubation or supraglottic advanced airway
- Continuous waveform capnography or capnometry to confirm and monitor ET tube placement

REVERSIBLE CAUSES

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