

Don PPE

- Limit personnel
- Consider resuscitation appropriateness

Start CPR

- Give oxygen (limit aerosolization)
- Attach monitor/defibrillator
- Prepare to intubate

Rhythm shockable?

2

VF/pVT

3

Shock

9

Asystole/PEA

Prioritize Intubation / Resume CPR

- Pause chest compressions for intubation
- If intubation delayed, consider supraglottic airway or bag-mask device with filter and tight seal
- Connect to ventilator with filter when possible

4

CPR 2 min
IV/IO access

Rhythm shockable?

5

Shock

6

CPR 2 min
• Epinephrine every 3-5 min
• Consider mechanical compression device

Rhythm shockable?

7

Shock

8

CPR 2 min
• Amiodarone or lidocaine
• Treat reversible causes

10

CPR 2 min
• IV/IO access
• Epinephrine every 3-5 min
• Consider mechanical compression device

Rhythm shockable?

11

CPR 2 min
Treat reversible causes

Rhythm shockable?

12

- If no signs of return of spontaneous circulation (ROSC), go to **10** or **11**
- If ROSC, go to Post-Cardiac Arrest Care

Go to 5 or 7

- 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, 30:2 compression-ventilation ratio.
- Quantitative waveform capnography
 - If PETCO₂ <10 mm Hg, attempt to improve CPR quality.
- Intra-arterial pressure
 - If relaxation phase (diastolic) pressure <20 mm Hg, attempt to improve 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

Advanced Airway

- Minimize closed-circuit disconnection
- Use intubator with highest likelihood of first pass success
- Consider video laryngoscopy
- Endotracheal intubation or supraglottic advanced airway
- Waveform capnography or capnometry to confirm and monitor ET tube placement
- Once advanced airway in place, give 1 breath every 6 seconds (10 breaths/min) with continuous chest compressions

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.

Return of Spontaneous Circulation (ROSC)

- Pulse and blood pressure
- Abrupt sustained increase in PETCO₂ (typically ≥40 mm Hg)
- Spontaneous arterial pressure waves with intra-arterial monitoring

Reversible Causes

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