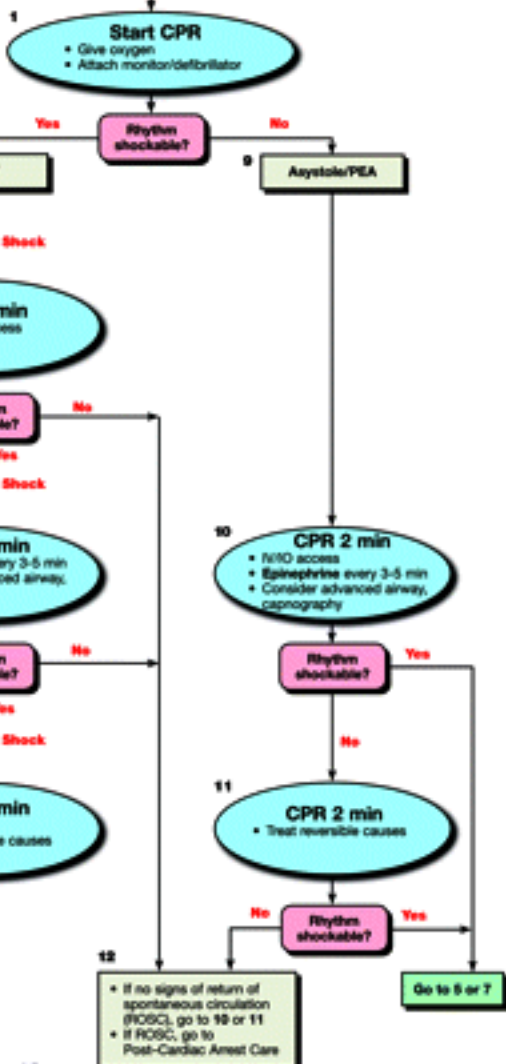


Adult Cardiac Arrest

Shout for Help/Activate Emergency Response



CPR Quality

- Push hard (2 inches [5 cm]) and fast (100/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 P_{ETCO₂} <10 mm Hg, attempt to improve CPR quality
 - Intra-arterial pressure
 - If relaxation phase (diastolic) pressure <20 mm Hg, attempt to improve CPR quality
- Return of Spontaneous Circulation (ROSC)**
- Pulse and blood pressure
 - Abrupt sustained increase in P_{ETCO₂} (typically >40 mm Hg)
 - Spontaneous arterial pressure waves with intra-arterial monitoring

Shock Energy

- **Biphasic:** Manufacturer recommendation (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 N/IO Dose:** 1 mg every 3-5 minutes
 - **Vasopressin N/IO Dose:** 40 units can replace first or second dose of epinephrine
 - **Amiodarone N/IO Dose:** First dose: 300 mg bolus. Second dose: 150 mg.

Advanced Airway

- Supraglottic advanced airway or endotracheal intubation
 - Waveform capnography to confirm and monitor ET tube placement
 - 8-10 breaths per minute with continuous chest compressions
- Reversible Causes**
- Hypovolemia
 - Hypoxia
 - Hydrogen ion (acidosis)
 - Hypo-/hyperkalemia
 - Hypothermia
 - Tension pneumothorax
 - Tamponade, cardiac
 - Toxins
 - Thrombosis, pulmonary
 - Thrombosis, coronary