Unresponsive? Not breathing or only occasional gasps

- Call resuscitation team

CPR 30:2
Attach defibrillator / monitor
Minimise interruptions

Assess rhythm

Shockable
(VF / Pulseless VT)

- 1 Shock
- Immediately resume CPR for 2 min
  Minimise interruptions

Non-Shockable
(PEA / Asystole)

- Return of spontaneous circulation
- Immediate post cardiac arrest treatment
  - Use ABCDE approach
  - Controlled oxygenation and ventilation
  - 12-lead ECG
  - Treat precipitating cause
  - Temperature control / therapeutic hypothermia
- Immediately resume CPR for 2 min
  Minimise interruptions

Reversible Causes
- Hypoxia
- Hypovolaemia
- Hypo-/hyperkalaemia / metabolic
- Hypothermia
- Thrombosis - coronary or pulmonary
- Tamponade - cardiac
- Toxins
- Tension pneumothorax

During CPR
- Ensure high-quality CPR: rate, depth, recoil
- Plan actions before interrupting CPR
- Give oxygen
- Consider advanced airway and capnography
- Continuous chest compressions when advanced airway in place
- Vascular access (intravenous, intraosseous)
- Give adrenaline every 3-5 min
- Correct reversible causes

Superseded by 2015 Guidelines