Adult advanced life support

Unresponsive and not breathing normally

CPR 30:2 Attach defibrillator/monitor

Assess rhythm

SHOCKABLE (VF/Pulseless VT)

1 shock

Immediately resume CPR for 2 min

NON-SHOCKABLE (PEA/Asystole)

Return of spontaneous circulation (ROSC)

Immediately resume CPR for 2 min

Give high-quality chest compressions, and:
- Give oxygen
- Use waveform capnography
- Continuous compressions if advanced airway
- Minimise interruptions to compressions
- Intravenous or intraosseous access
- Give adrenaline every 3–5 min
- Give amiodarone after 3 shocks
- Identify and treat reversible causes

Identify and treat reversible causes
- Hypoxia
- Hypovolaemia
- Hypo-/hyperkalaemia/metabolic
- Hypo/hyperthermia
- Thrombosis – coronary or pulmonary
- Tension pneumothorax
- Tamponade – cardiac
- Toxins
- Consider ultrasound imaging to identify reversible causes

Consider
- Coronary angiography/percutaneous coronary intervention
- Mechanical chest compressions to facilitate transfer/treatment
- Extracorporeal CPR

After ROSC
- Use an ABCDE approach
- Aim for SpO₂ of 94–98% and normal PaCO₂
- 12-lead ECG
- Identify and treat cause
- Targeted temperature management

Maintain personal safety