Recognise cardiac arrest

Call for help 2222

Commence/continue CPR (5 initial breaths then CV ratio 15:2)

Attach defibrillator/monitor
Minimise interruptions

Assess rhythm

SHOCKABLE
VF/Pulseless VT

1 shock 4 J kg⁻¹

Immediately resume CPR for 2 min
Minimise interruptions

Return of spontaneous circulation (ROSC)

Post cardiac arrest care:
• Use an ABCDE approach
• Aim for SpO₂ of 94–98% and normal PaCO₂
• Avoid hypotension
• Targeted temp management
• Glucose control

Immediately resume CPR for 2 min
Minimise interruptions

NON-SHOCKABLE
PEA/asystole/brady < 60 min⁻¹

Give adrenaline IV/IO 10 mcg kg⁻¹ as soon as possible and then every 3–5 min

Immediately resume CPR for 2 min
Minimise interruptions

During CPR

• Ensure high quality chest compressions are delivered:
  – Correct rate, depth and full recoil
  – Provide BMV with 100% oxygen (2 person approach)
  – Provide continuous chest compressions when a tracheal tube is in place.
  – Competent providers can consider an advanced airway and capnography, and ventilate at a rate (breaths minute⁻¹) of:


<table>
<thead>
<tr>
<th>Age Group</th>
<th>Breaths Minute⁻¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants</td>
<td>25</td>
</tr>
<tr>
<td>1–8 years</td>
<td>20</td>
</tr>
<tr>
<td>8–12 years</td>
<td>15</td>
</tr>
<tr>
<td>&gt; 12 years</td>
<td>10–12</td>
</tr>
</tbody>
</table>

• Vascular access IV/IO
• Once started, give Adrenaline every 3–5 min
• Maximum single dose Adrenaline 1 mg
• Maximum single dose Amiodarone 300 mg

Identify and treat reversible causes

• Hypoxia
• Hypovolaemia
• Hyperkalaemia, hypercalcaemia, hypermagnesemia, hypoglycaemia
• Hypo-/hyperthermia
• Thrombosis – coronary or pulmonary
• Tension pneumothorax
• Tamponade – cardiac
• Toxic agents

Adjust algorithm in specific settings (e.g. special circumstances)