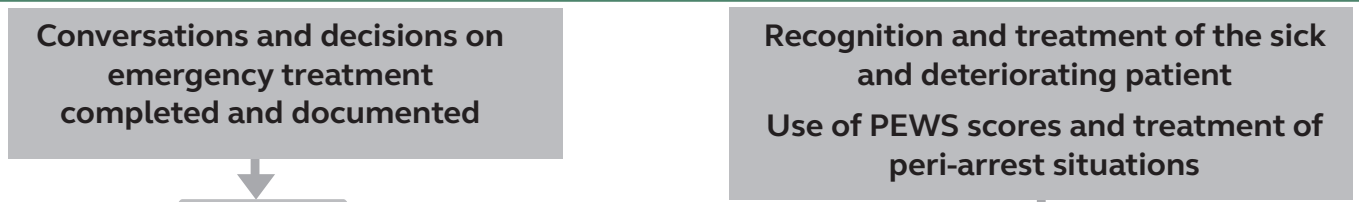


PHASE 1



End of life care

**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<sup>-1</sup>

Immediately resume CPR for 2 min  
Minimise interruptions

**After 3 shocks give:**

- Adrenaline IV/IO 10 mcg kg<sup>-1</sup> (and every alternate cycle thereafter)
- AND**
- Amiodarone IV/IO 5mg kg<sup>-1</sup> (and repeat 5 mg once more only after 5th shock)

Return of spontaneous circulation (ROSC)

**Post cardiac arrest care:**

- Use an ABCDE approach
- Aim for SpO<sub>2</sub> of 94–98% and normal PaCO<sub>2</sub>
- Avoid hypotension
- Targeted temp management
- Glucose control

**NON-SHOCKABLE**  
PEA/asystole/brady < 60 min<sup>-1</sup>

Immediately resume CPR for 2 min  
Minimise interruptions

Give adrenaline IV/IO 10 mcg kg<sup>-1</sup> as soon as possible

PHASE 2  
at least Level 2 PPE

**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<sup>-1</sup>) of:

Infants: 25	1–8 years: 20	8–12 years: 15	> 12 years: 10–12
-------------	---------------	----------------	-------------------

- 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, hypermagnesaemia, hypoglycaemia
- Hypo-/hyperthermia
- Thrombosis – coronary or pulmonary
- Tension pneumothorax
- Tamponade – cardiac
- Toxic agents

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