**Adult advanced life support**

**Unresponsive and not breathing normally**
- Call resuscitation team/ambulance

**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
- Temperature control

*Maintain personal safety*

*GUIDELINES √ 2021*

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