

Joint Taskforce Guideline





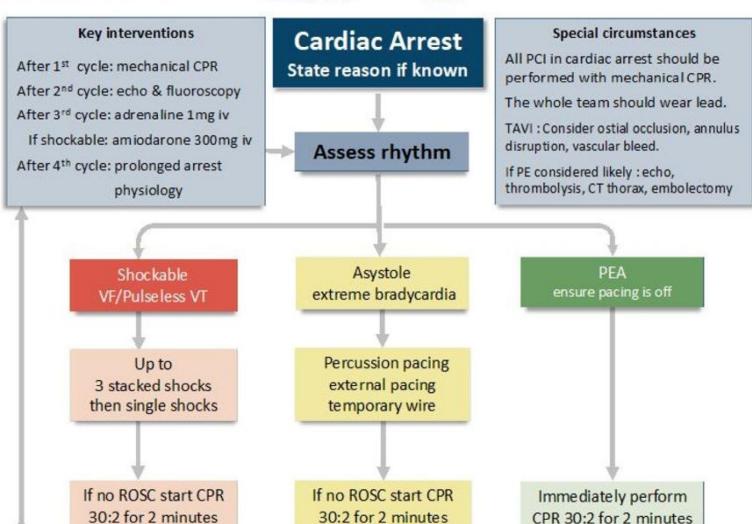












Established arrest

CALL ARREST TEAM

Airway Breathing:

100% oxygen, protect airway. Consider fluoroscopy for pneumothorax. Obtain central venous access.

Take a blood gas

Circulation

Is there a haemothorax, retroperitoneal haematoma, pericardial collection, or aortic dissection?

Consider anaphylaxis

adrenaline 0.5 mg IM, or 50 mcg IV

Consider extracorporeal CPR

Prolonged arrest parameters

recommend that teams consider recording the following parameters during prolonged cardiac arrest. Green, amber and red indicate potential impact of physiological parameters achieved during cardiac arrest on ROSC and could be used to guide future research.

Systolic BP	60	70	80
Diastolic BP	25	30	40
ETCO ₂ {kPa}	1.3	2.0	2.7
рН	7.0	7.1	7.2
Base Excess	-10	7.5	-5
SaO ₂ %	70	80	90

Adjust CPR device, modify ventilation, consider inotropes, correct acidosis, optimize volume to achieve goals.

Return of spontaneous circulation

ABCDE approach Keep SpO₂ 94-98% Normalise PaCO₂ Consider inotropic support

Consider angiogram and Echo once ROSC established

Consider long term follow up of patients who arrest in the catheter lab to identify neurological and psychological sequelae