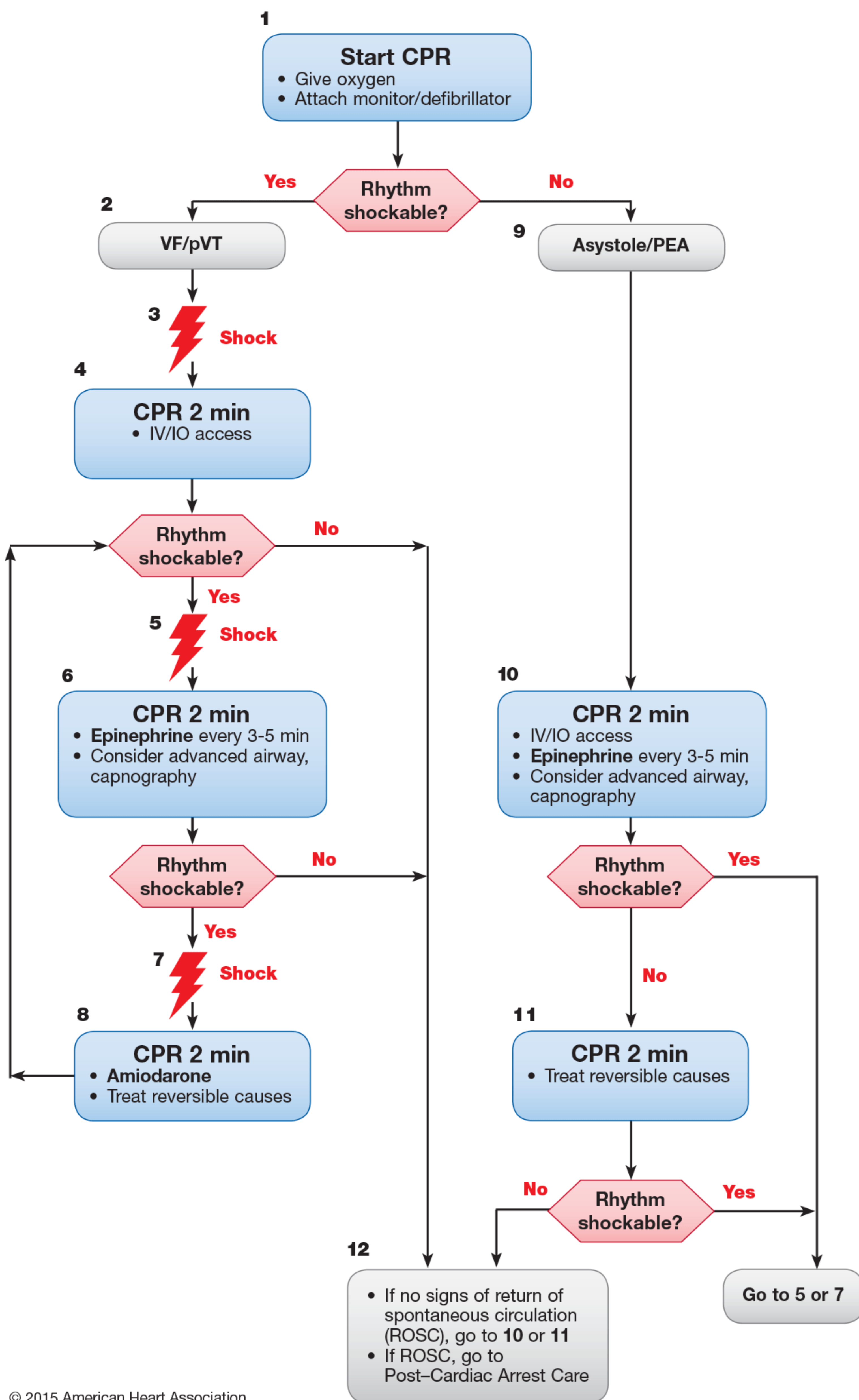


Adult Cardiac Arrest Algorithm – 2015 Update



CPR Quality

- Push hard (at least 2 inches [5 cm]) and fast (100-120/min) and allow complete chest recoil.
- Minimize interruptions in compressions.
- Avoid excessive ventilation.
- Rotate compressor every 2 minutes, or sooner if fatigued.
- If no advanced airway, 30:2 compression-ventilation ratio.
- Quantitative waveform capnography
 - If PETCO₂ <10 mm Hg, attempt to improve CPR quality.
- Intra-arterial pressure
 - If relaxation phase (diastolic) pressure <20 mm Hg, attempt to improve CPR quality.

Shock Energy for Defibrillation

- **Biphasic:** Manufacturer recommendation (eg, initial dose of 120-200 J); if unknown, use maximum available. Second and subsequent doses should be equivalent, and higher doses may be considered.
- **Monophasic:** 360 J

Drug Therapy

- **Epinephrine IV/IO dose:** 1 mg every 3-5 minutes
- **Amiodarone IV/IO dose:** First dose: 300 mg bolus. Second dose: 150 mg.

Advanced Airway

- Endotracheal intubation or supraglottic advanced airway
- Waveform capnography or capnometry to confirm and monitor ET tube placement
- Once advanced airway in place, give 1 breath every 6 seconds (10 breaths/min) with continuous chest compressions

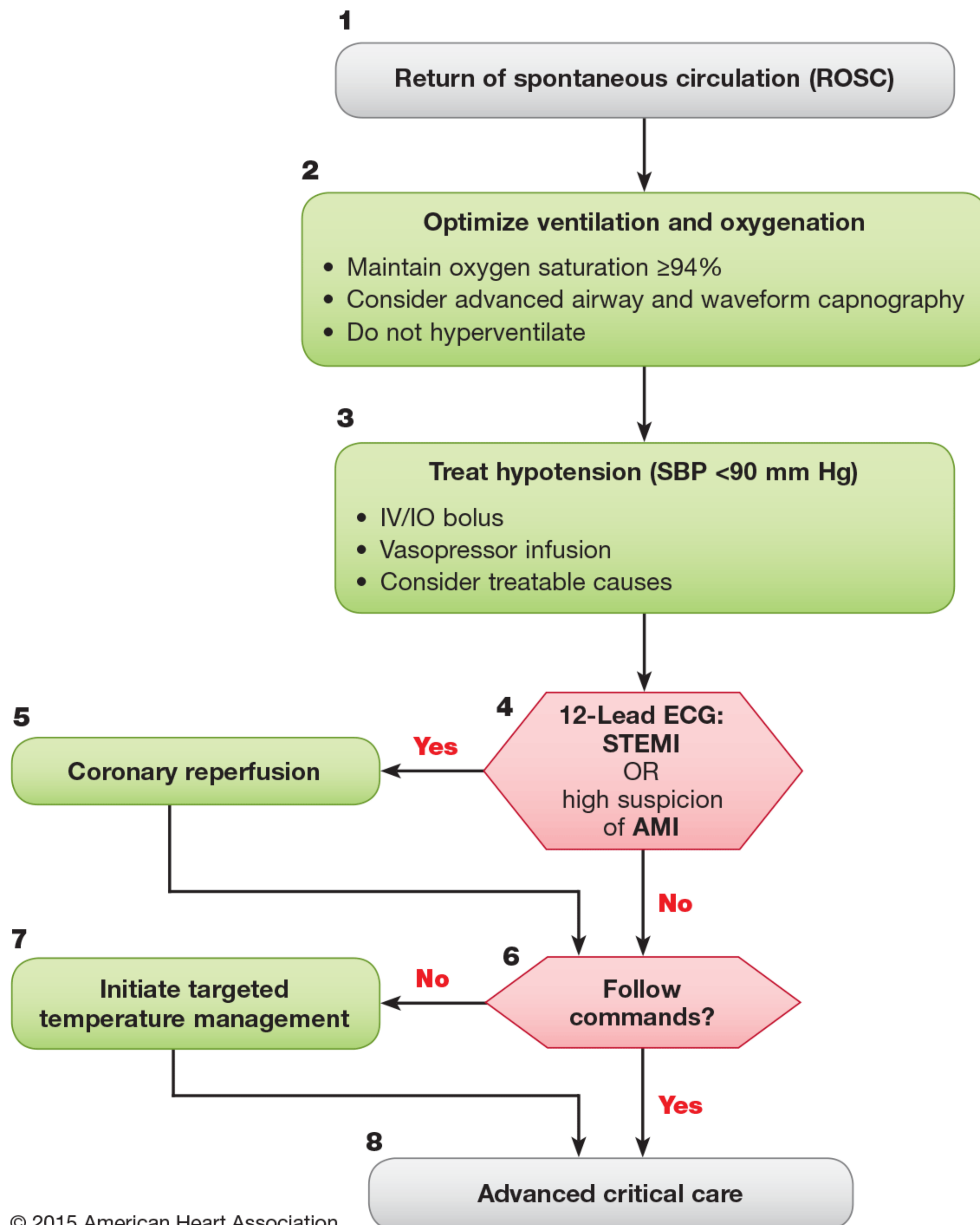
Return of Spontaneous Circulation (ROSC)

- Pulse and blood pressure
- Abrupt sustained increase in PETCO₂ (typically ≥40 mm Hg)
- Spontaneous arterial pressure waves with intra-arterial monitoring

Reversible Causes

- **Hypovolemia**
- **Hypoxia**
- **Hydrogen ion (acidosis)**
- **Hypo-/hyperkalemia**
- **Hypothermia**
- **Tension pneumothorax**
- **Tamponade, cardiac**
- **Toxins**
- **Thrombosis, pulmonary**
- **Thrombosis, coronary**

Adult Immediate Post-Cardiac Arrest Care Algorithm—2015 Update



Doses/Details

Ventilation/oxygenation:
Avoid excessive ventilation. Start at 10 breaths/min and titrate to target PETCO₂ of 35-40 mm Hg. When feasible, titrate FIO₂ to minimum necessary to achieve SpO₂ $\geq 94\%$.

IV bolus:
Approximately 1-2 L normal saline or lactated Ringer's

Epinephrine IV infusion:
0.1-0.5 mcg/kg per minute (in 70-kg adult: 7-35 mcg per minute)

Dopamine IV infusion:
5-10 mcg/kg per minute

Norepinephrine IV infusion:
0.1-0.5 mcg/kg per minute (in 70-kg adult: 7-35 mcg per minute)

Reversible Causes

- Hypovolemia
- Hypoxia
- Hydrogen ion (acidosis)
- Hypo-/hyperkalemia
- Hypothermia
- Tension pneumothorax
- Tamponade, cardiac
- Toxins
- Thrombosis, pulmonary
- Thrombosis, coronary

Adult Tachycardia With a Pulse Algorithm

1

Assess appropriateness for clinical condition.
Heart rate typically ≥ 150 /min if tachyarrhythmia.

2

Identify and treat underlying cause

- Maintain patent airway; assist breathing as necessary
- Oxygen (if hypoxemic)
- Cardiac monitor to identify rhythm; monitor blood pressure and oximetry

3

Persistent tachyarrhythmia causing:

- Hypotension?
- Acutely altered mental status?
- Signs of shock?
- Ischemic chest discomfort?
- Acute heart failure?

Yes

4

Synchronized cardioversion

- Consider sedation
- If regular narrow complex, consider adenosine

No

5

Wide QRS?
 ≥ 0.12 second

Yes

6

- IV access and 12-lead ECG if available
- Consider adenosine only if regular and monomorphic
- Consider antiarrhythmic infusion
- Consider expert consultation

No

7

- IV access and 12-lead ECG if available
- Vagal maneuvers
- Adenosine (if regular)
- β -Blocker or calcium channel blocker
- Consider expert consultation

Doses/Details

Synchronized cardioversion:

Initial recommended doses:

- Narrow regular: 50-100 J
- Narrow irregular: 120-200 J biphasic or 200 J monophasic
- Wide regular: 100 J
- Wide irregular: defibrillation dose (*not* synchronized)

Adenosine IV dose:

First dose: 6 mg rapid IV push; follow with NS flush.
Second dose: 12 mg if required.

Antiarrhythmic Infusions for Stable Wide-QRS Tachycardia

Procainamide IV dose:

20-50 mg/min until arrhythmia suppressed, hypotension ensues, QRS duration increases $>50\%$, or maximum dose 17 mg/kg given. Maintenance infusion: 1-4 mg/min. Avoid if prolonged QT or CHF.

Amiodarone IV dose:

First dose: 150 mg over 10 minutes. Repeat as needed if VT recurs. Follow by maintenance infusion of 1 mg/min for first 6 hours.

Sotalol IV dose:

100 mg (1.5 mg/kg) over 5 minutes. Avoid if prolonged QT.

Adult Bradycardia With a Pulse Algorithm

