Advanced Life Support

Unresponsive and not breathing normally?

Call Resuscitation Team

CPR 30:2
Attach defibrillator/monitor
Minimise interruptions

Assess rhythm

Shockable (VF/Pulseless VT)

1 Shock
Minimise interruptions

Immediately resume CPR for 2 min
Minimise interruptions

Non-shockable (PEA/Asystole)

Return of spontaneous circulation

Immediately resume CPR for 2 min
Minimise interruptions

IMMEDIATE POST CARDIAC ARREST TREATMENT

- Use ABCDE approach
- Aim for SaO2 of 94-98%
- Aim for normal PaCO2
- 12 Lead ECG
- Treat precipitating cause
- Targeted temperature management

DURING CPR

- Ensure high quality chest compressions
- Minimise interruptions to compressions
- Give oxygen
- Use waveform capnography
- Continuous compressions when advanced airway in place
- Vascular access (intravenous or intraosseous)
- Give adrenaline every 3-5 min
- Give amiodarone after 3 shocks

TREAT REVERSIBLE CAUSES

Hypoxia
Hypovolaemia
Hypo-/hyperkalaemia/metabolic
Hypothermia/hyperthermia
Thrombosis – coronary or pulmonary
Tension pneumothorax
Tamponade – cardiac
Toxins

CONSIDER

- Ultrasound imaging
- Mechanical chest compressions to facilitate transfer/treatment
- Coronary angiography and percutaneous coronary intervention
- Extracorporeal CPR