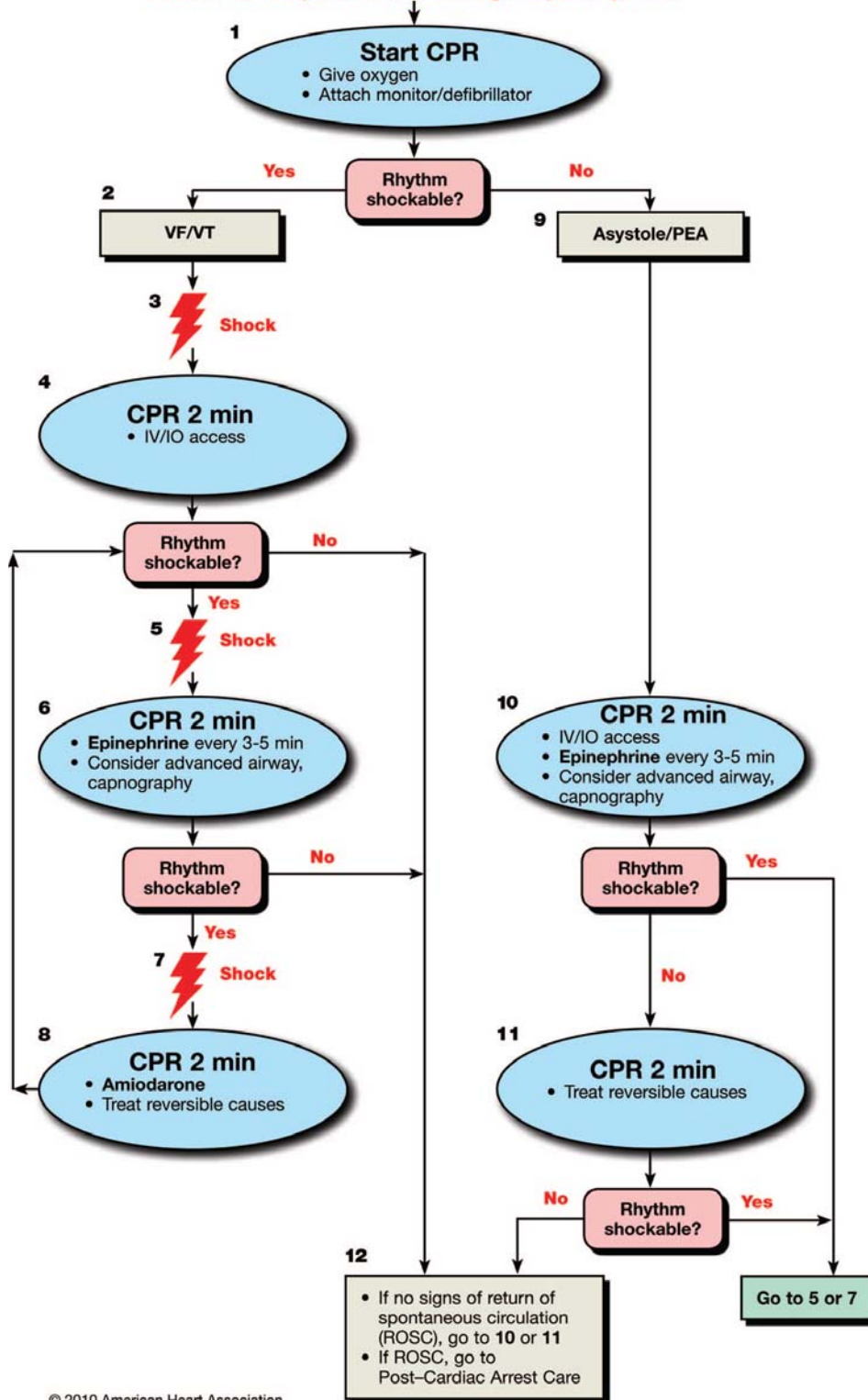


## Adult Cardiac Arrest

Shout for Help/Activate Emergency Response



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### CPR Quality

- Push hard ( $\geq 2$  inches [5 cm]) and fast ( $\geq 100$ /min) and allow complete chest recoil
- Minimize interruptions in compressions
- Avoid excessive ventilation
- Rotate compressor every 2 minutes
- If no advanced airway, 30:2 compression-ventilation ratio
- Quantitative waveform capnography
  - If  $PETCO_2 < 10$  mm Hg, attempt to improve CPR quality
- Intra-arterial pressure
  - If relaxation phase (diastolic) pressure  $< 20$  mm Hg, attempt to improve CPR quality

### Return of Spontaneous Circulation (ROSC)

- Pulse and blood pressure
- Abrupt sustained increase in  $PETCO_2$  (typically  $\geq 40$  mm Hg)
- Spontaneous arterial pressure waves with intra-arterial monitoring

### Shock Energy

- **Biphasic:** Manufacturer recommendation (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
- **Vasopressin IV/IO Dose:** 40 units can replace first or second dose of epinephrine
- **Amiodarone IV/IO Dose:** First dose: 300 mg bolus. Second dose: 150 mg.

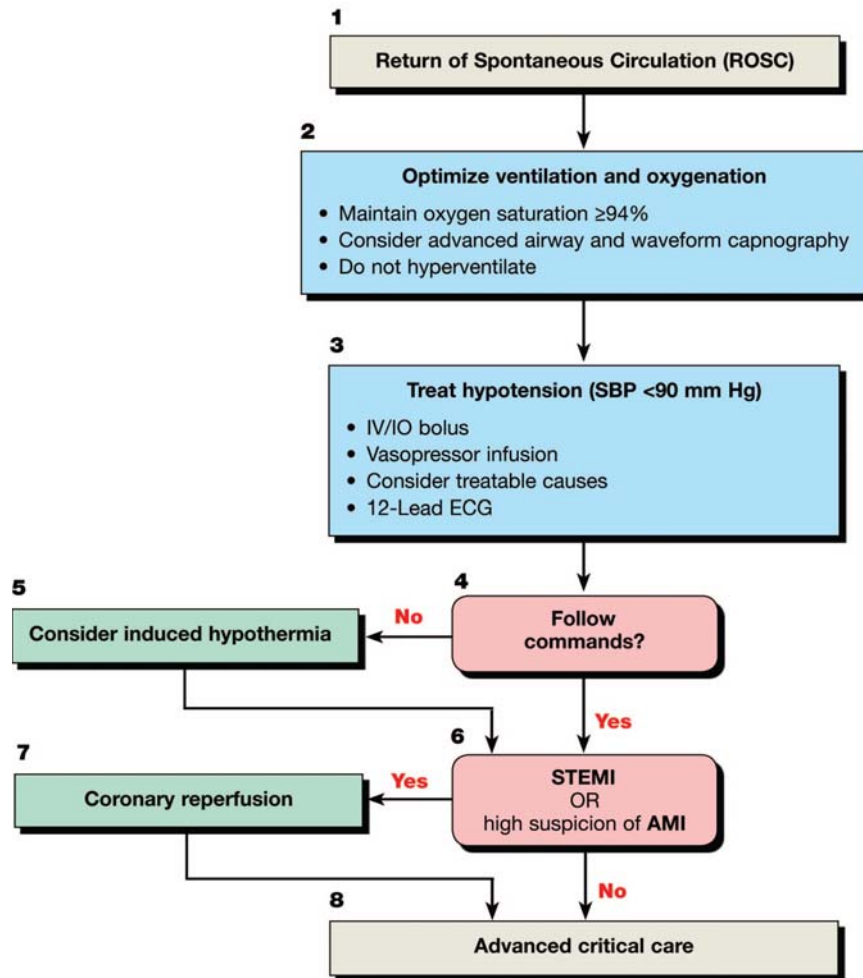
### Advanced Airway

- Supraglottic advanced airway or endotracheal intubation
- Waveform capnography to confirm and monitor ET tube placement
- 8-10 breaths per minute with continuous chest compressions

### 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



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### Doses/Details

#### Ventilation/Oxygenation

Avoid excessive ventilation. Start at 10-12 breaths/min and titrate to target PETCO<sub>2</sub> of 35-40 mm Hg. When feasible, titrate FIO<sub>2</sub> to minimum necessary to achieve SpO<sub>2</sub>  $\geq 94\%$ .

#### IV Bolus

1-2 L normal saline or lactated Ringer's. If inducing hypothermia, may use 4°C fluid.

#### 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

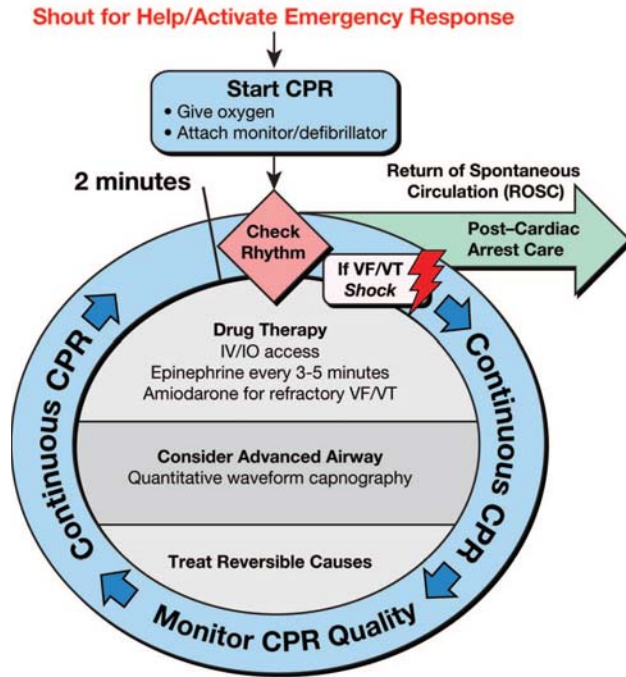
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#### Reversible Causes

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

# Adult Cardiac Arrest



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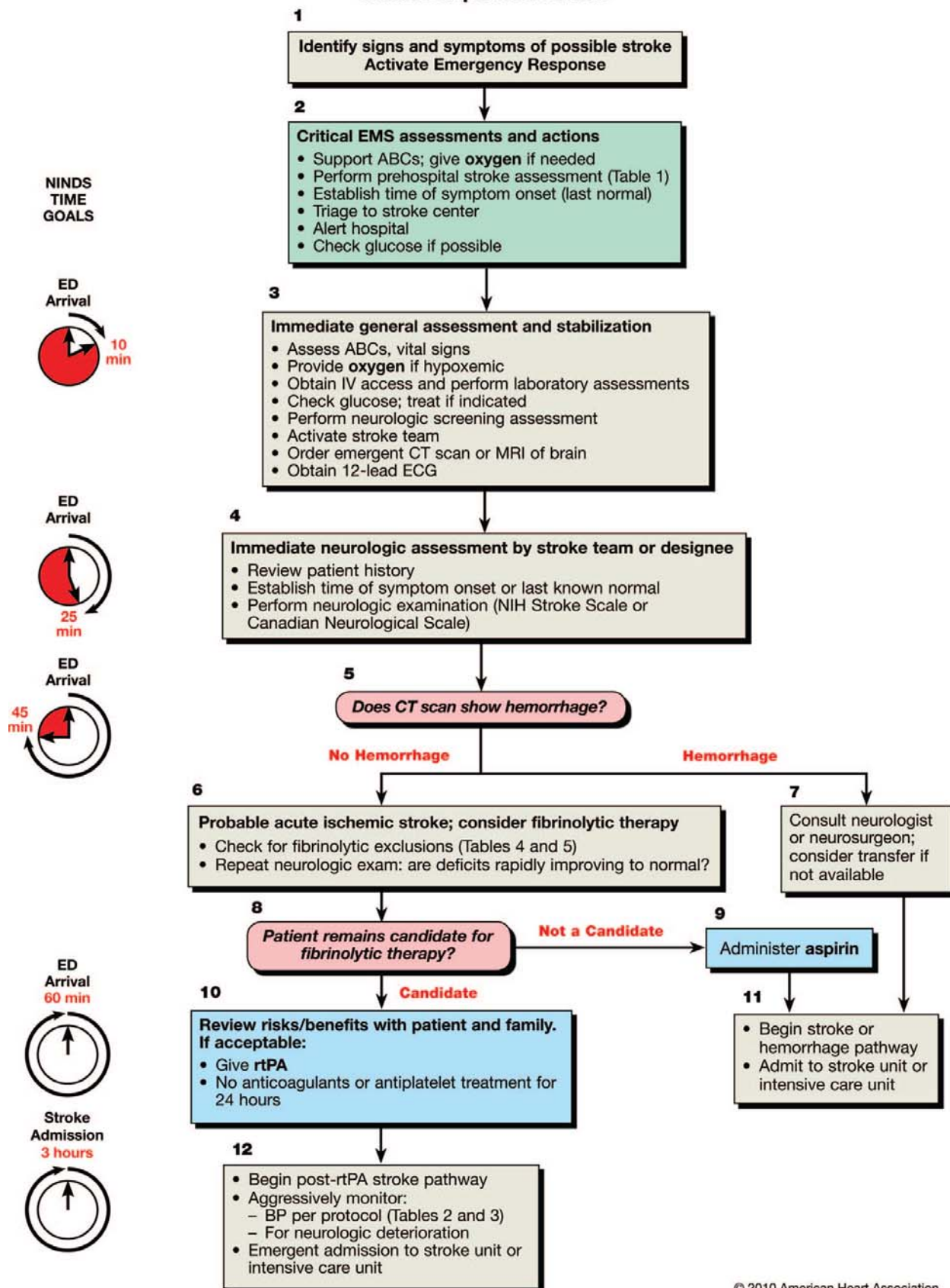
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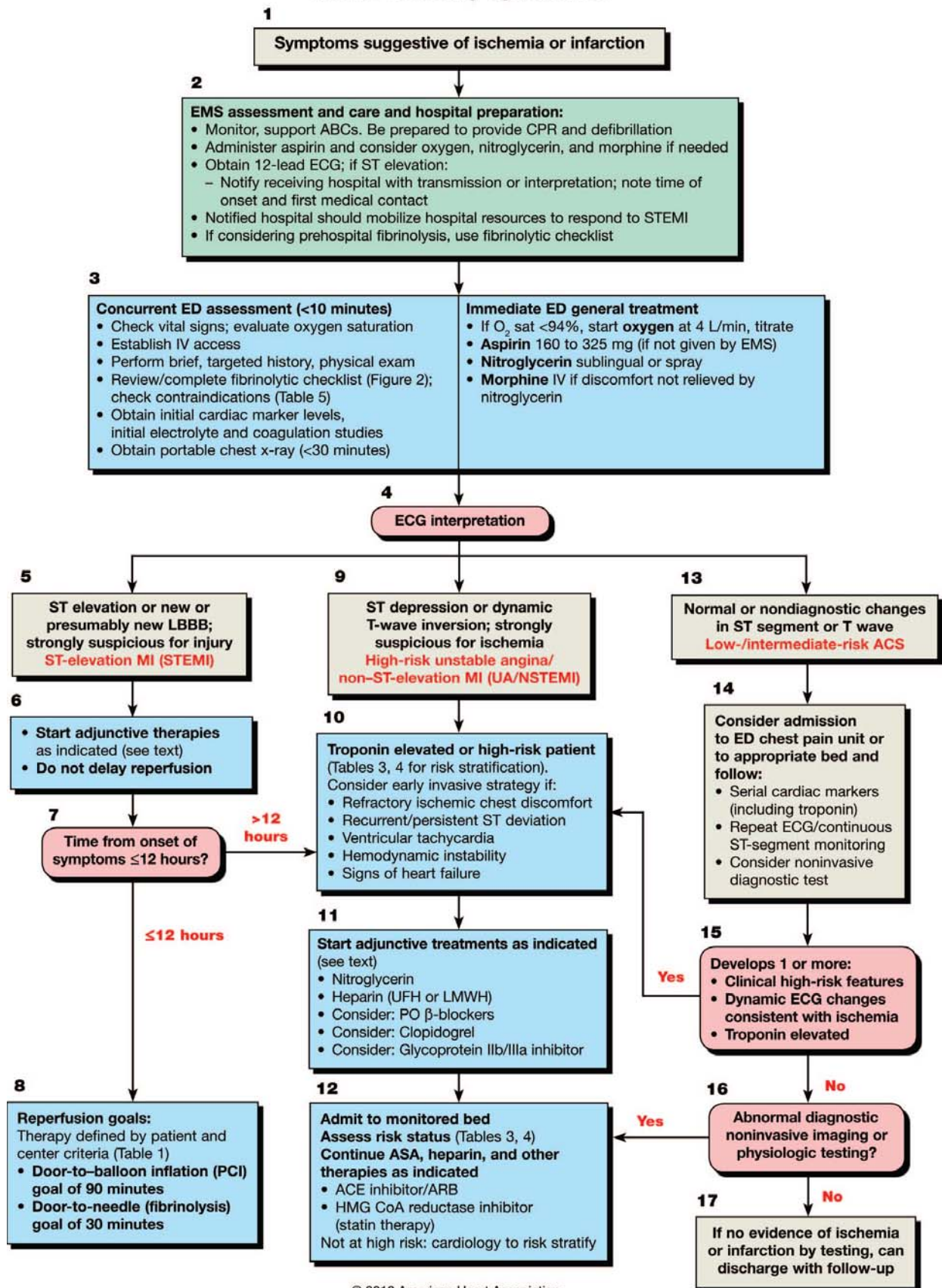
## Reversible Causes

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

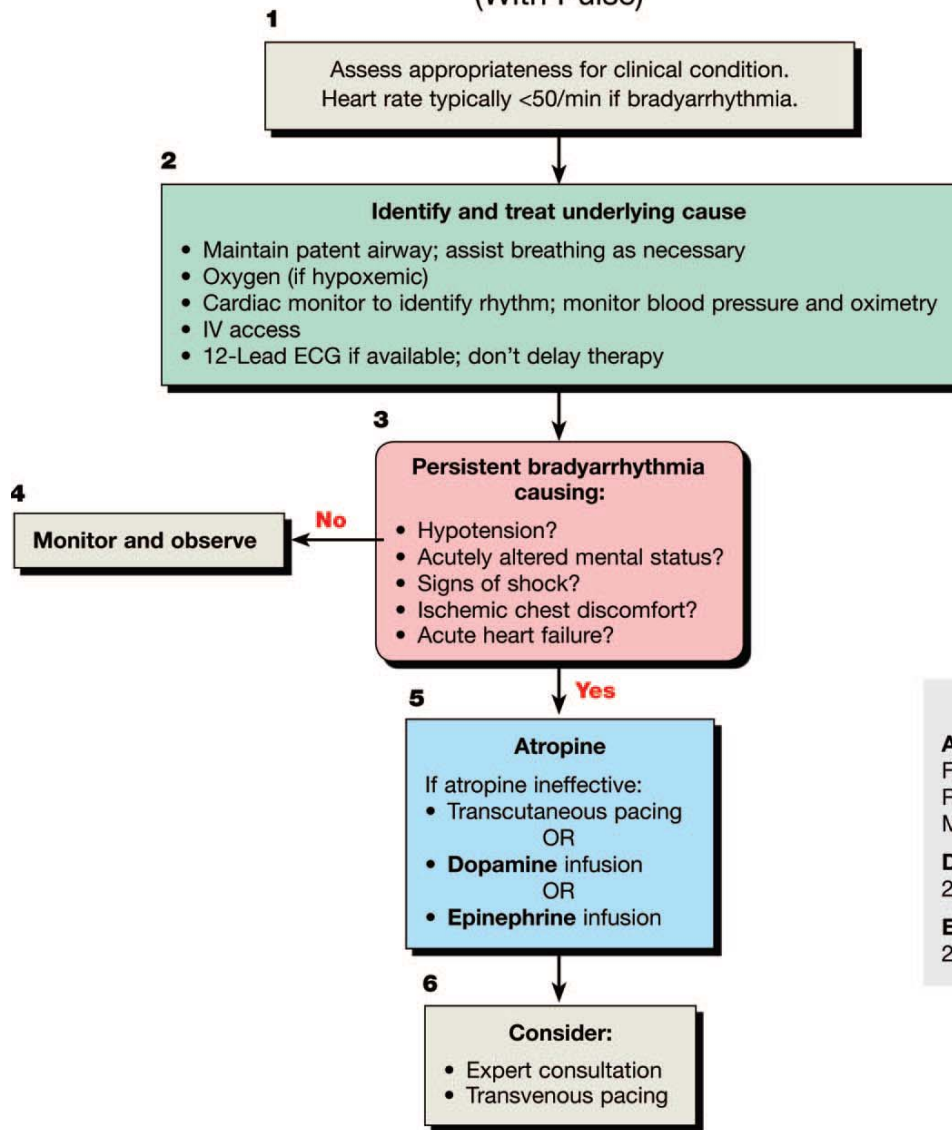
# Adult Suspected Stroke



# Acute Coronary Syndromes



## Adult Bradycardia (With Pulse)



### Doses/Details

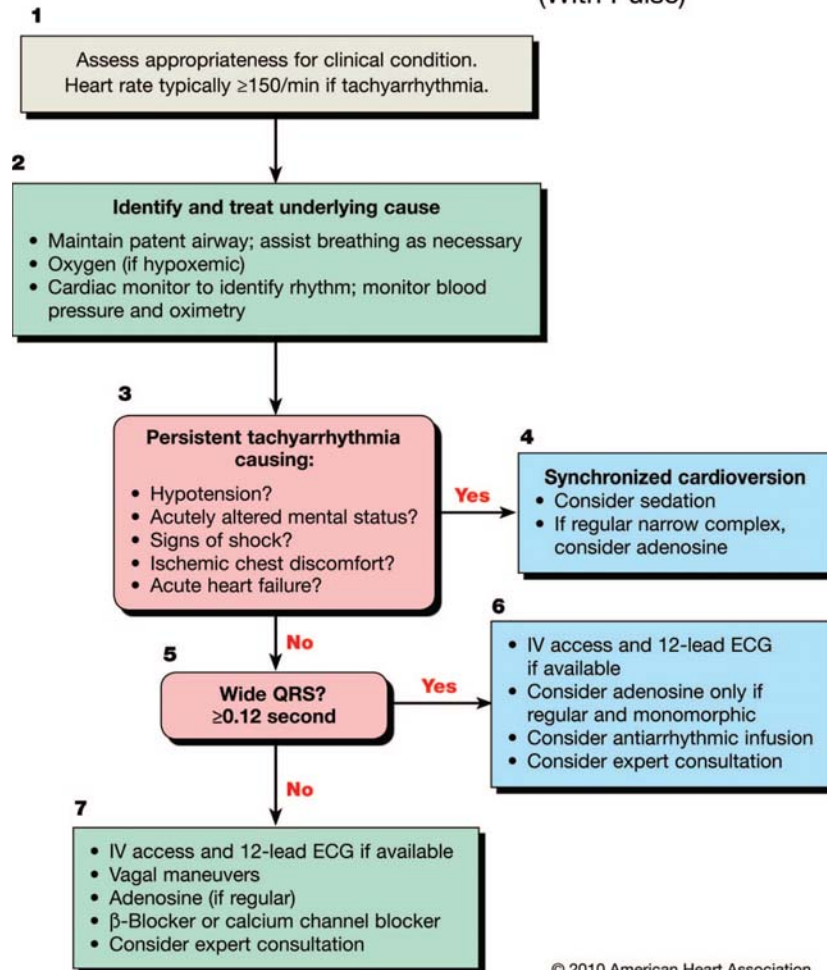
**Atropine IV Dose:**  
First dose: 0.5 mg bolus  
Repeat every 3-5 minutes  
Maximum: 3 mg

**Dopamine IV Infusion:**  
2-10 mcg/kg per minute

**Epinephrine IV Infusion:**  
2-10 mcg per minute



## Adult Tachycardia (With Pulse)



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### 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.