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)

Non-shockable (PEA/Asystole)

1 Shock
Minimise interruptions

Return of spontaneous circulation

IMMEDIATE POST CARDIAC ARREST TREATMENT
- Use ABCDE approach
- Aim for SaO$_2$ of 94-98%
- Aim for normal PaCO$_2$
- 12 Lead ECG
- Treat precipitating cause
- Targeted temperature management

Immediately resume CPR for 2 min
Minimise interruptions

Immediately resume CPR for 2 min
Minimise interruptions

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