

Shockable pulseless cardiac arrest



Start

1. Call for “ANESTHESIOLOGIST STAT” and CODE CART
 - ▶ Say: “The top priority is high-quality CPR”
2. Put backboard under patient, supine position
3. Turn FiO₂ to 100%, turn off anesthetics
4. Start CPR - Assessment cycle:
5. Attach defibrillator to patient simultaneously with CPR
 - ▶ Perform CPR
 - “Hard and Fast”; 100 compressions/min
 - Ensure full chest recoil with minimal interruptions
 - if ETCO₂ < 10 or DBP < 20mm Hg, consider improved quality compressions
 - 10 breaths / minute, do not over ventilate (30:2 ratio of compressions to breaths if not intubated)
 - ▶ Defibrillate
 - Shock at highest setting
 - Resume CPR immediately after shock
 - ▶ Give Epinephrine
 - Repeat epinephrine every 3-5 minutes
 - ▶ Consider giving antiarrhythmics for refractory VF/VT (amiodarone or lidocaine)
 - ▶ Assess every 2 minutes
 - Change CPR compression provider
 - Treat reversible causes, read aloud Hs & Ts (see list in right column)
 - Check rhythm; if rhythm organized, check for pulse
 - If: VF/VT Continues:** Resume CPR – Defibrillation – Assessment cycle (Restart at Step 4 above)
 - If: Asystole/PEA:** Resume CPR -
Go to >> CHKLST CAA

▶ Critical Changes

If PEA/Asystole: Go to » CHKLST CAA

DRUG DOSES and treatments

EPinephrine	1 mg IV, repeat every 3 - 5 minutes
ANTIARRHYTHMICS	
Amiodarone	1 st dose: 300 mg IV, 2 nd dose 150 mg IV -
or-	
Lidocaine	1 st dose: 1-1.5mg/kg IV, 2 nd dose 0.5-0.75mg/kg IV
Magnesium	1 to 2g IV for Torsades de Pointes
TOXIN treatment	
Local anesthetic:	Intralipid Go to » CHKLST LST
Beta-blocker:	Glucagon 2-4 mg IV push
Calcium Channel Blocker or Hyperkalemia	Calcium Chloride 1g IV

DEFIBRILLATOR instructions

1. Place electrodes on chest
2. Turn defibrillator ON, set to DEFIB mode, and increase ENERGY LEVEL to 200 J (120 J or 150 J for smaller stature; 360 J for monophasic)
3. Deliver shock: press CHARGE then press SHOCK

Hs & Ts (possible causes)

Hypovolemia	Trauma (hemorrhage)
Hypoxia	Thrombosis (coronary/PE)
Hydrogen ion (acidosis)	Tension pneumothorax
Hyper/ Hypokalemia	Tamponade (cardiac)
Hypothermia	Toxins (local anesthetic, beta blockers, calcium channel blockers)
Hypoglycemia	

During CPR

Airway:	Bag-mask sufficient (if ventilation adequate) Consider advance airway
Circulation:	Confirm adequate IV or IO access Consider IV fluids wide open
Assign Roles:	Chest compressions, Airway, Vascular access, Documentation, Code cart, Time keeping