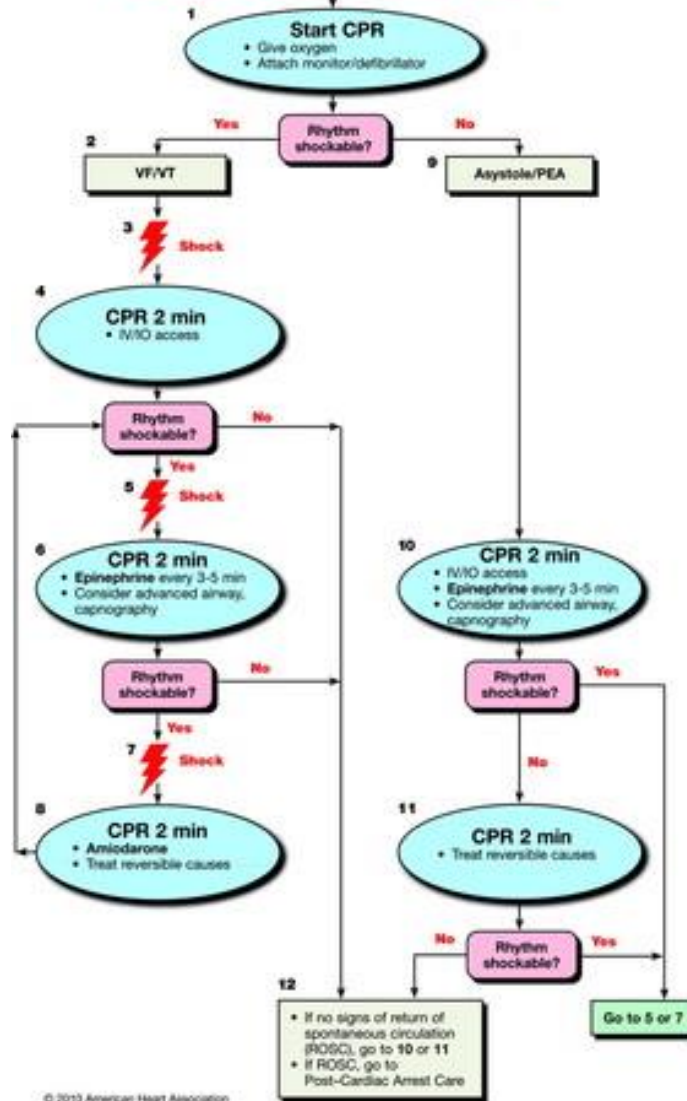


Adult Cardiac Arrest

Shout for Help/Activate Emergency Response



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CPR Quality

- Push hard (2 inches [5 cm]) and fast (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 P_{ETCO_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 P_{ETCO_2} (typically >40 mm Hg)
- Spontaneous arterial pressure waves with intra-arterial monitoring

Shock Energy

- **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 N/IO Dose:** 1 mg every 3-5 minutes
- **Vasopressin N/IO Dose:** 40 units can replace first or second dose of epinephrine
- **Amiodarone N/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

