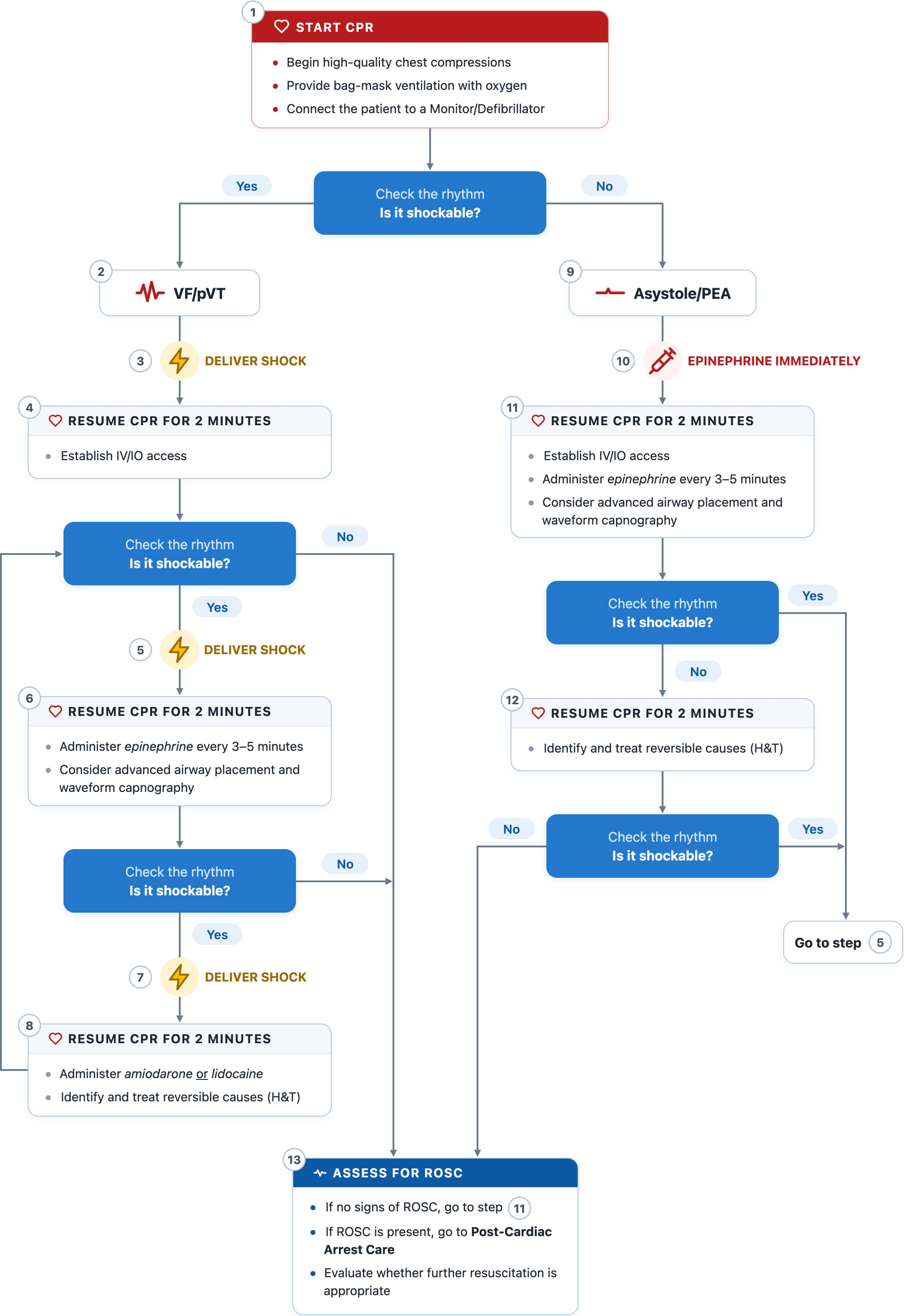


Adult Cardiac Arrest Algorithm (VF/pVT/Asystole/PEA)



♥ HIGH-QUALITY CPR

- **Depth:** compress at least 2 inches (5 cm); avoid depths over 2.4 inches (6 cm)
- **Rate:** deliver 100–120 compressions/min, allowing full chest recoil after each compression
- Minimize chest compression interruptions
- Switch the rescuer performing compressions every 2 minutes (or earlier if tired)
- Avoid excessive ventilation: do not give breaths too frequently or use excessive tidal volumes
- **Without an advanced airway:** use a ratio of 30 compressions to 2 breaths (30:2)
- **With an advanced airway:** provide 1 breath every 6 seconds (10 breaths/min) without pausing chest compressions
- Use continuous waveform capnography. If ETCO₂ is low or falling, reassess CPR quality

🔧 ADVANCED AIRWAY MANAGEMENT

- **Airway options:** Endotracheal intubation (ETI) or a Supraglottic airway (SGA)
- Confirm correct ET tube placement and monitor its position using continuous waveform capnography or capnometry

⚡ DEFIBRILLATION ENERGY SETTINGS

- **Biphasic:**
 - First shock: select the energy recommended by the manufacturer (e.g., 120–200 J)
 - If the recommendation is unknown, use the device's maximum energy setting
 - Subsequent shocks: maintain the previous energy level. Consider increasing it according to the manufacturer's guidance
- **Monophasic:**
Use 360 J for each shock

💉 MEDICATION DOSING

- **Epinephrine IV/IO:**
Give 1 mg and repeat every 3–5 minutes
- **Amiodarone IV/IO:**
 - First dose: 300 mg bolus
 - Second dose: 150 mg
- **Lidocaine IV/IO:**
 - First dose: 1–1.5 mg/kg
 - Second dose: 0.5–0.75 mg/kg

🔍 REVERSIBLE CAUSES (H'S & T'S)

- H's**
- Hypovolemia
 - Hypoxia
 - Hydrogen ion (acidosis)
 - Hypo- or Hyperkalemia
 - Hypothermia
- T's**
- Tension pneumothorax
 - Tamponade (cardiac)
 - Toxins
 - Thrombosis (pulmonary)
 - Thrombosis (coronary)