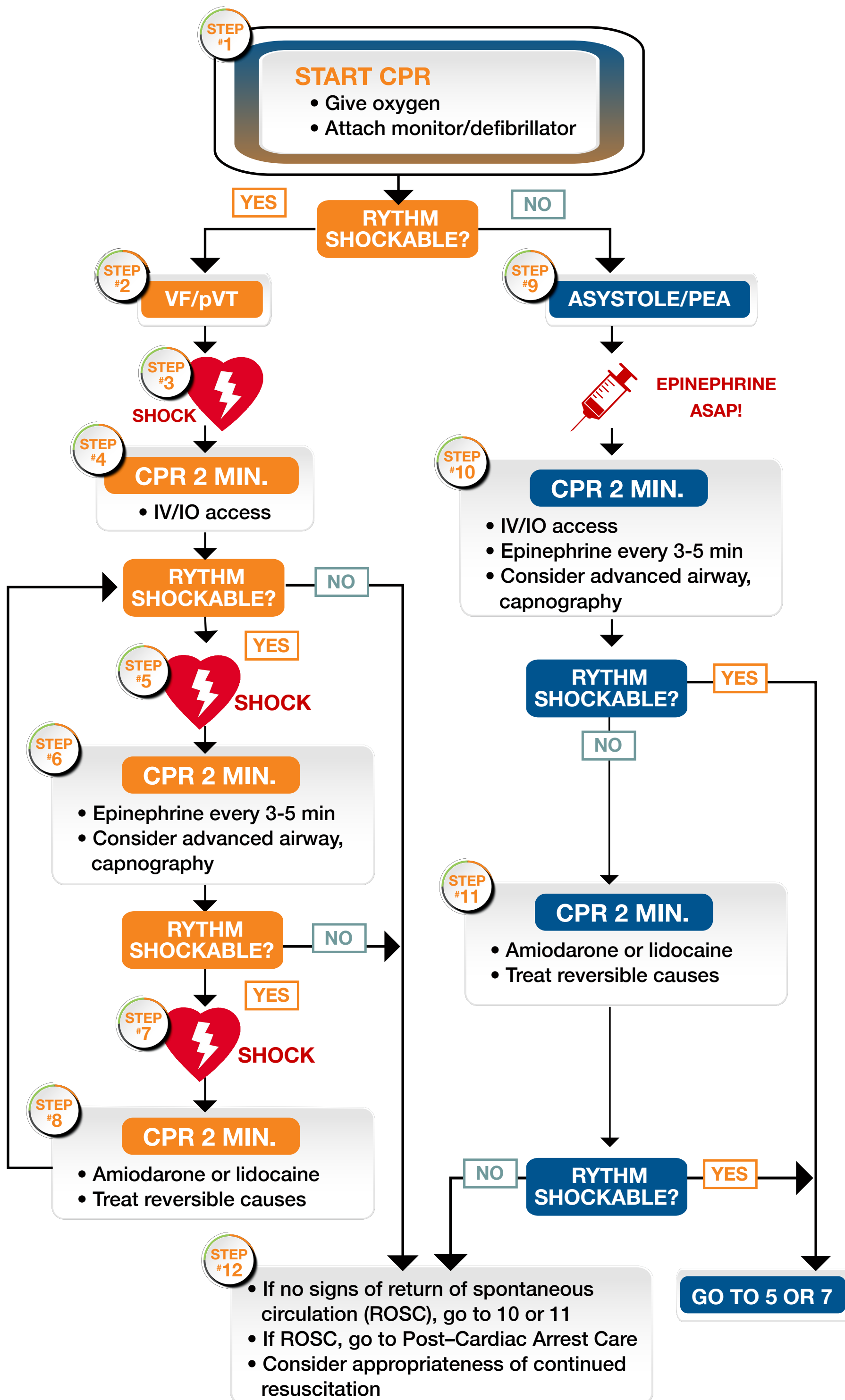


Adult Cardiac Arrest Vertical Algorithm

Assessment and Treatment



CPR

CPR Quality:

- Push hard (at least 2 inches [5 cm]) and fast (100-120/min) and allow complete chest recoil.
- Minimize interruptions in compressions.
- Avoid excessive ventilation.
- Change compressor every 2 minutes, or sooner if fatigued.
- If no advanced airway, 30:2 compression-ventilation ratio, or 1 breath every 6 seconds.
- Quantitative waveform capnography
- If PETCO₂ is low or decreasing, reassess CPR quality.

Shock Energy for Defibrillation:

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

Advanced Airway:

- Endotracheal intubation or supraglottic advanced airway
- Waveform capnography or capnometry to confirm and monitor ET tube placement
- Once advanced airway in place, give 1 breath every 6 seconds (10 breaths/min) with continuous chest compressions

Return of Spontaneous Circulation (ROSC):

- Pulse and blood pressure
- Abrupt sustained increase in PETCO₂ (typically ≥ 40 mm Hg)
- Spontaneous arterial pressure waves with intra-arterial monitoring

Reversible Causes:

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