

Cardiac Arrest Management Guide

APOX Performed for a **MAXIMUM** of 6 MIN :

- Unless younger than **13** or arrested due to suspected **hypoxia** (choking, drowning, anaphylaxis etc.)
 - Consider **advanced airway** after 3 MIN
- **REGARDLESS** of route, **VENTILATIONS** must be provided after **6 MIN**
 - Ventilate 1 breath every 6 seconds (every 10 seconds for asthma)

Compressions performed for **2 MIN CYCLES** followed by a rhythm check.

Downtime ≤5 MIN

ETCO₂ >20:

Immediately **DEFIBRILATE** if indicated

ETCO₂ <20:

Compressions to **INCREASE** ETCO₂

Downtime ≥6 MIN

- Perform CPR for **1 cycle** **REGARDLESS** of ETCO₂
- After initial cycle: **ONLY DEFIBRILATE** if ETCO₂ >20
- If ETCO₂ rises **ABOVE 20** mid cycle, compressions **MAY** be **STOPPED** to **DEFIBRILATE** if indicated

DRUGS

EPI 1/10:

1 mg (0.01 mg/kg peds) every **5 MIN**

Every **2 MIN** for **ANAPHYLAXIS**

AMIODARONE (if shockable):

5-6 MIN between doses

1st **300 mg** 2nd **150mg**

Peds:

1st **5 mg/kg** 2nd **2.5 mg/kg**

ROSC

- **REMOVE** RQP
- Continuously palpate a pulse
- Support ABC's (goal of 94% SpO₂)
- Obtain 12 lead EKG
- **FLUIDS** to obtain SBP >90 MAP >65 (Peds SBP: >70)
- **Dopamine@ 5mcg/kg/min** (5mcg/kg/min peds)