



## DOSES & DETAILS

### CPR QUALITY

- Push hard (at least 2 inches [5cm]) and fast (100-120/min) and allow complete chest recoil.
- Minimize interruptions in compressions.
- Avoid extensive ventilation.
- Rotate compressor every 2 minutes, or sooner if fatigued.
- If no advanced airway, 30:2 compression-ventilation ration.
- Quantitative waveform capnography
  - If PETCO<sub>2</sub> <10mm Hg, attempt to improve CPR quality
  - Intra-arterial pressure
  - If relaxation phase (diastolic) pressure <20 mm Hg, attempt to improve 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: 300mg bolus. Second dose: 150mg.

### ADVANCED AIRWAY

- Endotracheal intubation or supraglottic advanced airway
- Waveform capnography or canometry to confirm and monitor ET tube placement
- Once advanced airway in place, give 1 breath every 6 seconds (10-12 breaths/min) with continuous chest compressions

### RETURN OF SPONTANEOUS CIRCULATION (ROSC)

- Pulse and blood pressure
- Abrupt sustained increase in PETCO<sub>2</sub> (typically >40mm Hg)
- Spontaneous arterial pressure waves with intra-arterial monitoring

### REVERSIBLE CAUSES

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

