



### CPR QUALITY

- Push hard ( $\geq \frac{1}{2}$  of anterior-posterior diameter of chest) and fast (at least 100/min) and allow complete chest recoil.
- Minimize interruptions in compressions.
- Avoid excessive ventilation.
- Rotate compressor every 2 minutes
- If no advanced airway, 15:2 compression-ventilation ratio.

- If advanced airway, 8-10 breaths/min with continuous chest compressions

### SHOCK ENERGY FOR DEFIBRILLATION

- First shock 2 J/kg, second shock 4 J/kg, subsequent shocks  $\geq 4$  J/kg, maximum 10 J/kg or adult dose

### RETURN OF SPONTANEOUS CIRCULATION (ROSC)

- Pulse and blood pressure
- Spontaneous arterial pressure waves with intra-arterial monitoring

### DRUG THERAPY

- Epinephrine IV/IO Dose: 0.01 mg/kg (0.1 mL/kg of 1:10 000 concentration). Repeat every 3-5 minutes. If no IO/IV access, may give endotracheal dose: 0.1 mg/kg (0.1 mL/kg of 1:1000 concentration).
- Amiodarone IV/IO Dose: 5 mg/kg bolus during cardiac arrest. May repeat up to 2 times for refractory VF/pulseless VT.

### 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 6-8 seconds (8-10 breaths/min)

### REVERSIBLE CAUSES

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

