

time	EtCO2 #	ECG VF, AS, IVR, AIVR	Defib J	Med Vaso, Epi, Amio	Notes (airway, IV/IO, ROSC, BP, P, 12L, TOR)

**Resuscitation performed where found; do NOT move w/ CPR in progress, unless scene unsafe or need tx not available**

- COMPRESS**
  - Rate 100/min - when using RQP (avoid rate >120)
  - Depth: 2"
  - Release completely: lift hand slightly off chest
  - Rotate compressor q 2 minutes during ECG ✓
  - Interrupt only for: rhythm ✓ & defib
  - After adv airway: do not pause compressions for ventilation
- MONITOR**
  - ComboPads - do not interrupt compressions to place
  - Perform compressions while defib charging
  - Minimize time from last compression to shock (<5 secs)
  - After defib immed resume compressions; NO ECG/pulse ✓
- AIRWAY**
  - OP/NPA inserted w/ BVM ventilation
  - RQP/ITD attached to mask/adv airway
  - Capnography between RQP and bag; ✓# every 2 min
  - BVM 2 hands: tight face-mask seal during compressions
  - Avoid hyperventilation (30:2, after adv airway 8-10 min)
  - O2 attached to bag
  - Adv airway inserted w/o interrupting chest compressions
  - King LTSD w/ 18 fr gastric tube in suction lumen
- MEDS**
  - Vascular access (IO / IV-AC or EJ)
  - Vasopressor q 3-5 min (vasopressin x 1, epinephrine)
  - If VF: Amiodarone (300 mg, in 5 min repeat w/ 150 mg)
  - Meds followed w/ 20-50 mL IVF bolus
  - Extremity IV meds - follow w/ elevation for 20 seconds
- PEA**

(H&T's HypoVOLEMIA, HypoGLYCEMIA, HyperKALEMIA, H ion/ACIDOSIS, HypOXIA, TENSION pneumo, TOXINS, Trauma, Thrombosis, TAMPONADE)

  - IVF rapid NS bolus 20 mL/kg - use pressure infuser
  - ✓ Glucose (hypoglycemia)
  - ✓ Lungs (tension pneumo)
  - ✓ Oxygen supply (✓ airway patent & O2 supply)
  - ✓ PMH & meds
- ROSC**
  - FAMILY** receiving information
  - ✓ BP – if SBP <90 begin dopamine
  - ✓ P, ECG, BP at least q 5 min – many rearrest first 15 m
  - ✓ O2 sat: goal >94%
  - ✓ 12L ECG
  - Begin therapeutic hypothermia – unless contraindicated