

HIGH-QUALITY CHEST COMPRESSIONS

and

- Give oxygen
- Use waveform capnography
- Continuous compressions if advanced airway
- Minimise interruptions to compressions
- i.v.- or i.o. access
- Adrenaline every 3–5 min
- **Amiodarone** after 3 shocks
- Identify and treat reversible causes

AFTER ROSC

- Use an **ABCDE** approach
- Aim for SpO₂ of 94–98% and normal PaCO₂
- 12 Lead ECG/ECGmax (22-lead)
- Identify and treat cause
- Targeted temperature management

CONSIDER

- Coronary angiography/percutaneous coronary intervention
- Mechanical chest compressions to facilitate transfer/treatment

Extracorporeal CPR

IDENTIFY AND TREAT REVERSIBLE CAUSES

- Hypoxia
- Hypovolaemia
- Hypo-/hyperkalemia/metabolic
- Hypo-/hyperthermia
- Thrombosis coronary or pulmonary
- Tension pneumothorax
- **Tamponade** cardiac
- Toxins

(Consider ultrasound imaging to identify reversible causes)





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