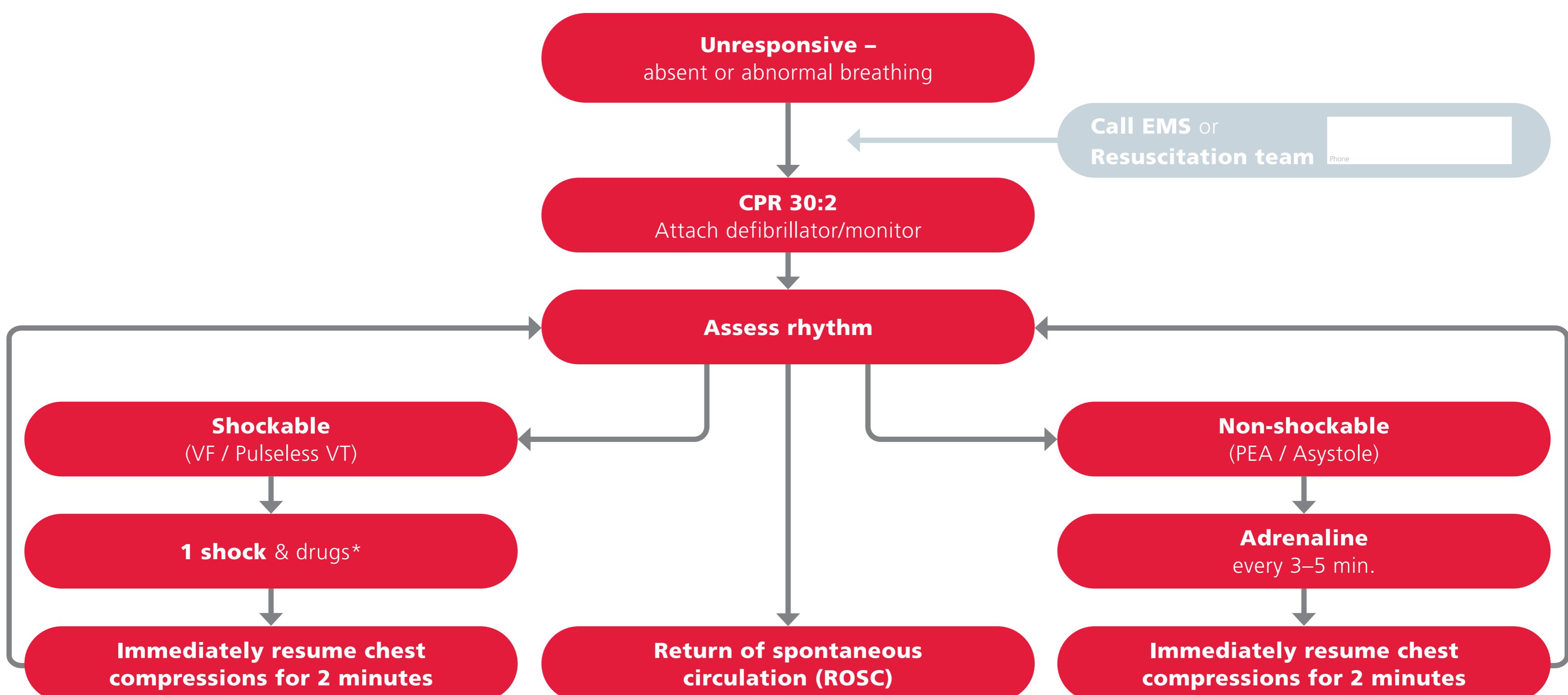


# ADVANCED LIFE SUPPORT



# **HIGH-QUALITY CHEST COMPRESSIONS & VENTILATION and**

- **Optimal defibrillator pad placement**
- **Give oxygen**
- **Continuous compressions** if tracheal tube or supraglottic airway
- **Use waveform capnography**
- **Minimise interruptions** to chest compressions
- **Early i.v. access**  
(or **i.o.** access if i.v. is not possible)

## \*Drugs

- First **Adrenaline** after 3 shocks, then every 3–5 min
- **Amiodarone** after 3 shocks

## AFTER ROSC

- Use an **ABCDE** approach
- Aim for **SpO<sub>2</sub> of 94–98%** & normal **PaCO<sub>2</sub>**
- Aim **SBP >100 mmHg**
- **12 Lead ECG**
- **Identify and treat cause**
- **Temperature control**

## CONSIDER

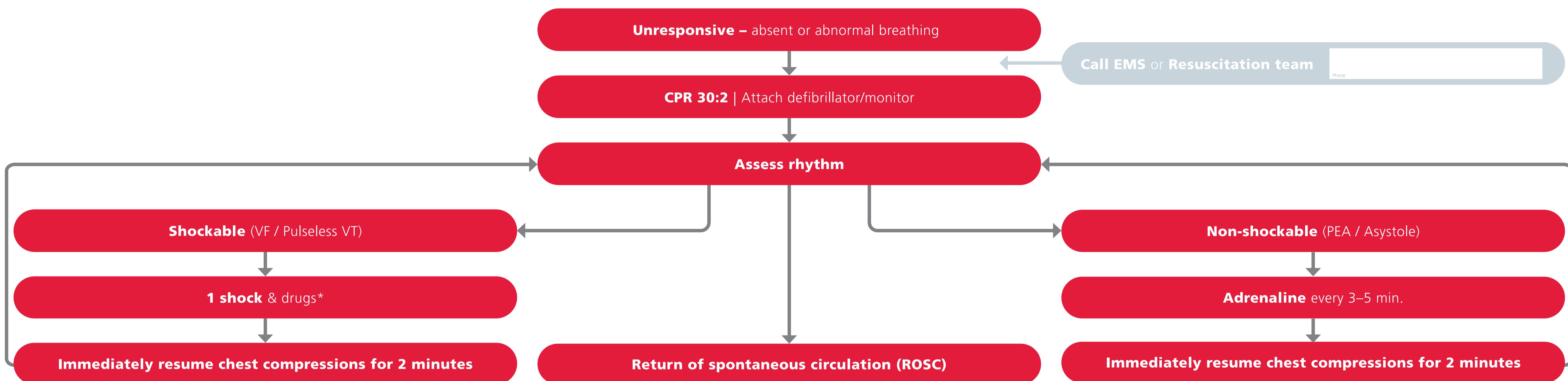
- **Change electrodes** to the **anterior-posterior** position after 3 shocks.
- **Mechanical chest compressions** to facilitate transport/treatment
- **Extracorporeal CPR** and/or coronary angiography/percutaneous coronary intervention

# IDENTIFY AND TREAT REVERSIBLE CAUSES

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

*(Consider ultrasound imaging to identify reversible causes.)*

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How can **corpus** support you in your mission?