EMERGENCY PROMPT CARDS

St Richards, Worthing and Southlands

NHS University Hospitals Sussex NHS Foundation Trust

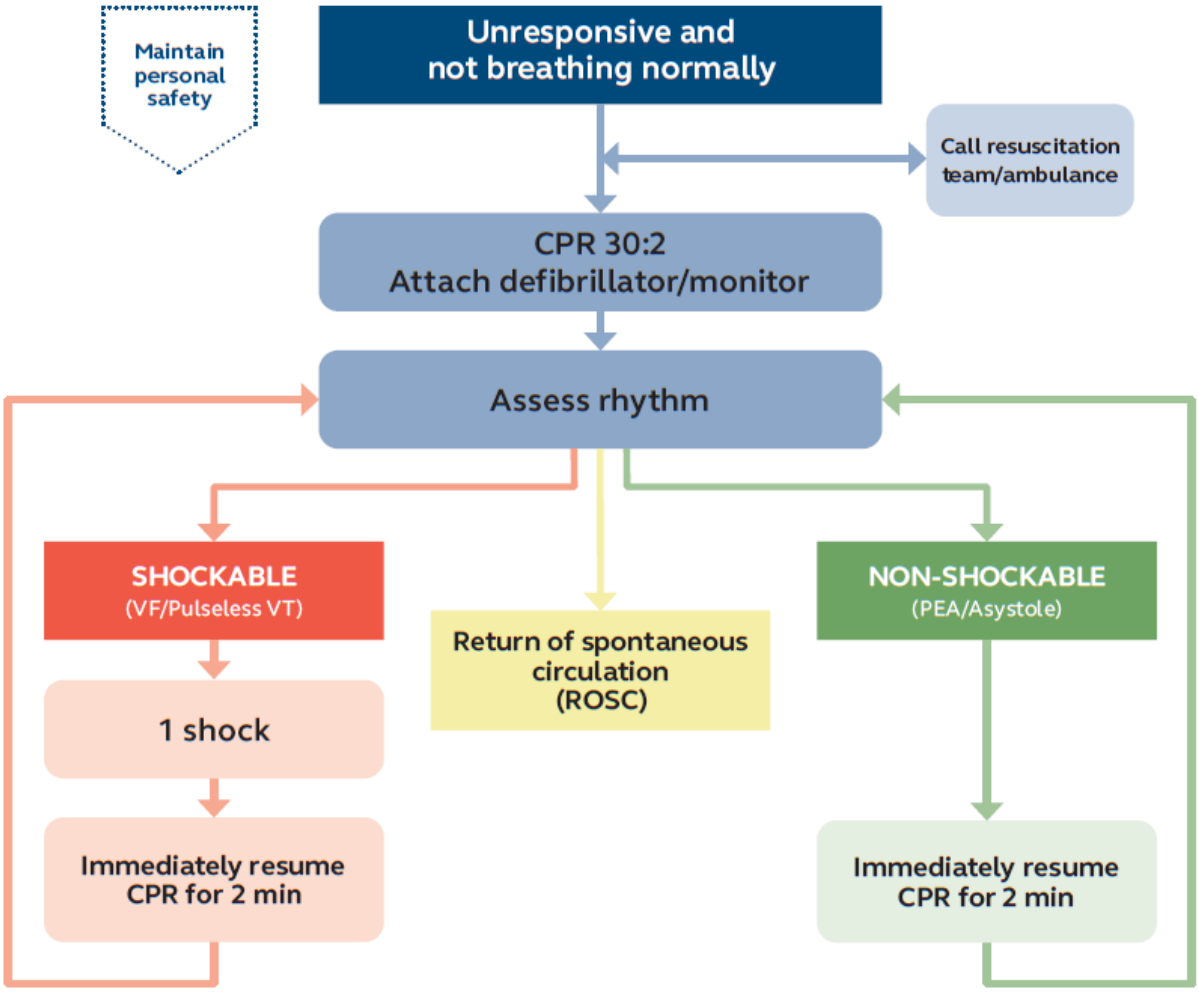
Adult Cardiac Arrest
(see over for algorithm)

- Identify the team leader and the time keeper/scribe
- **Are we safe?** Is everyone in the right PPE for this patient?
- Pads on and defibrillator on? **AED or manual?**
- **Are the chest compressions good enough? Push at the speed of the beeps!**
- Is capnography established? (**capnograph in porter's bag (Wor)/ITU Bag (SRH)**)
- Is there IV access? If not, consider IO access (**IO in porter's bag (Wor)/ITU Bag (SRH)**)
  - Adrenaline 1mg, **first dose** after either 3rd shock or if the rhythm is non-shockable
  - Adrenaline 1mg, after first dose, repeat every other 2 minute cycle (regardless of rhythm)
  - Amiodarone 300mg after the 3rd shock and 150mg after the 5th shock
- Is this going to be a prolonged resuscitation? (**LUCAS is available in ED**)
- **After 5 shocks consider new pads in a new position (e.g. anterior/posterior)**

Exclude/treat reversible causes of cardiac arrest:

☐ **Hypoxia**	☐ **Hypovolaemia**	☐ **Hypothermia**	☐ **Hyperkalaemia / other metabolic**
☐ **Tension**	☐ **Tamponade**	☐ **Toxins**	☐ **Thromboembolism (PE or MI)**

Adult advanced life support



Give high-quality chest compressions, and:

- Give oxygen
- Use waveform capnography
- Continuous compressions if advanced airway
- Minimise interruptions to compressions
- Intravenous or intraosseous access
- Give adrenaline every 3–5 min
- Give amiodarone after 3 shocks
- Identify and treat reversible causes

Identify and treat reversible causes

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

Consider ultrasound imaging to identify reversible causes

Consider

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

After ROSC

- Use an ABCDE approach
- Aim for SpO_2 of 94–98% and normal $PaCO_2$
- 12-lead ECG
- Identify and treat cause
- Targeted temperature management