Follow Initial Protocol for All Patients

1. Airway Management/Crash Airway
2. Vtach/Vf
3. Defibrillation 2 j/kg
4. CPR 2 Minutes
5. Defibrillation 4 j/kg
6. CPR 2 Minutes
7. Defibrillation >4 j/kg
8. CPR 2 Minutes
9. Asystole/PEA
10. CPR 2 Minutes
11. CPR 2 Minutes

Special Considerations:
- G5. Automated CPR device should be utilized, if feasible, if patients size is allowable.
- Rotate compressor every 2 minutes or sooner if fatigue is present.
- Defibrillation beyond the 2nd round should be defibrillated at 4+ joules, but no more than a max of 10 or maximum adult joules.
- If traumatic, utilize F7. Traumatic Cardiac Arrest.

Documentation Key Points:
- Presumed Etiology
- Last seen normal time
- Bystander CPR/AED

Goals:
- Minimize interruptions in compressions
- Early defibrillation
- Preservation of neurologic function

Signs/Symptoms:
- Apneic
- Pulseless
- Unresponsive

Follow Initial Protocol for All Patients

G21. Defibrillation
H16. Epinephrine 0.01 mg/kg (10 mcg/kg) IV/IO Every 3-5 minutes
- Consider E1. Airway Management/Crash Airway
- Rhythm Check
- Rhythm Shockable?
- No
- Yes
- Go to 5 or 7
- G11 CPR 2 Minutes

Reversible Causes to consider:
- Hypovolemia
- Hypoxia
- Hydrogen Ion (Acidosis)
- Hypo/Hyperkalemia
- Hypothermia
- Tension Pneumothorax
- Tamponade, Cardiac
- Toxins
- Thrombosis, Pulmonary
- Thrombosis, Cardiac

If no signs of ROSC, go to 10 or 11
If ROSC go to B7. Post Resuscitation