Cardiac Arrest

<table>
<tr><td rowspan="2">Immediate action</td><td colspan="2">Confirm cardiac arrest via central pulse
Inform team of event</td></tr>
<tr><td>Prior to or after ambulance transfer:
Move patient to place of safety</td><td>During ambulance transfer:
Request vehicle stop & remove seatbelts</td></tr>
<tr><td>High Quality CPR</td><td>Intubated
Administer 100% oxygen
Continuous chest compressions</td><td>Not intubated
Administer 100% oxygen via FM and Mapelson circuit
30:2 ratio chest compressions</td></tr>
<tr><td rowspan="2">Defibrillation</td><td colspan="2">Attach pads and defibrillator
Assess rhythm
Check central pulse if rhythm compatible with life</td></tr>
<tr><td>Shockable (VF/pulseless VT)
Deliver 1 shock
Immediately resume 2 mins CPR</td><td>Non-shockable (PEA/asystole)

Immediately resume 2 mins CPR</td></tr>
<tr><td>Reversible Causes</td><td colspan="2">Hypoxia
Hypovolaemia
Hypo/hyperkalaemia
Hypo/hyperthermia
Thrombosis (cardiac/pulmonary)
Tension pneumothorax
Toxins
Tamponade</td></tr>
<tr><td>Drugs</td><td colspan="2">Adrenaline 1mg (10mls 1:10,000) every 3-5 mins
Amiodarone 300mg after 3 shocks</td></tr>
<tr><td colspan="2">ROSC achieved
ABCDE assessment
Aim SpO2 94-98%
Divert to nearest ED (driver to place standby call)</td><td>ROSC not achieved
Consider option of diverting to nearest ED with CPR ongoing (consider personnel safety in transit)</td></tr>
<tr><td>Airway Management (if not intubated)</td><td colspan="2">Assess airway difficulty, patient stability and make plan
1. Facemask oxygen or
2. Facemask ventilation or
3. Insert I-Gel or
4. Intubation
Consider diverting to nearest Emergency Department prior to invasive airway management

If decision to intubate at scene: Unplanned Extubation SOP</td></tr>
<tr><td>Traumatic Cardiac Arrest</td><td colspan="2">Blunt trauma, in addition to above:
Control external haemorrhage
Splint pelvis/fractures
Reduce tidal volumes to improve venous return
Administer blood products (if available)

Penetrating trauma consider:
Bilateral finger thoracostomies
Consider resuscitative thoracotomy in the nearest ED</td></tr>
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