

CARDIAC ARREST

assess rhythm

ventricular
fibrillation or
tachycardia

DC shock
(3 attempts)

asystole or
severe
bradycardia

pace
(if wires
available)

pulseless
electrical
activity

start basic life support

amiodarone
300mg
via central
venous line

consider
external
pacing

if paced, turn
off pacing to
exclude
underlying VF

prepare for emergency resternotomy

continue CPR with
single DC shock
every 2 minutes until
resternotomy

continue CPR
until
resternotomy

continue CPR
until
resternotomy

airway and ventilation

- If ventilated turn FiO₂ to 100% and switch off PEEP,
- Change to bag/valve with 100% O₂, verify ET tube position and cuff inflation and listen for breath sounds bilaterally to exclude a pneumothorax or hemothorax,
- If tension pneumothorax suspected, immediately place large bore cannula in the 2nd rib space anterior mid-clavicular line.

DO NOT GIVE EPINEPHRINE unless a senior doctor advises this.

If an IABP is in place change to pressure trigger.

Do not delay basic life support for defibrillation or pacing for more than one minute.