CMG 4 – ADULT CARDIAC ARREST
(Revised: December 2018)

Move patient to firm, flat surface. Ensure head/neck are supported during movement.

Start CPR
30 compressions : 2 breaths
Minimise interruptions

Attach defibrillator / monitor

C.O.A.C.H.E.D.

SHOCKABLE?
Shock
CPR for 2 minutes

Return of spontaneous circulation?
CPR for 2 minutes

POST-RESUSCITATION CARE
(CMG 4a)

Compressions continue
Oxygen away
All else clear
Charging
Hands off/I'm safe
Evaluate rhythm
Defibrillate or disarm

Hypoxia
Hypovolaemia
Hyper/hypokalaemia or metabolic disorder
Hyperthermia/hypothermia

Tension pneumothorax
Tamponade
Toxins
Thrombosis (pulmonary/coronary)

MEDICATIONS – SHOCKABLE

ICP
Adrenaline
1mg after 2\textsuperscript{nd} shock (then in every second loop)

ICP
Amiodarone – 300mg after 3\textsuperscript{rd} shock

ICP
Magnesium sulphate
• first drug in Torsades de Pointes, or
• after 4\textsuperscript{th} shock if still in VF

ICP
Sodium bicarbonate
• prolonged arrest (>15 minutes), or
• as otherwise indicated (hyperkalaemia, tricyclic OD)

MEDICATIONS – NON-SHOCKABLE

ICP
Adrenaline
1mg immediately (then in every second loop)

ICP
Sodium bicarbonate
• prolonged arrest (>15 minutes), or
• as otherwise indicated (hyperkalaemia, tricyclic OD)

ICP
CHECK AGGRESSIVELY FOR CORRECTABLE CAUSES

DURING CPR:

ICP
Airway adjuncts

ICP
Add oxygen

ICP
EtCO\textsubscript{2}

ICP
IV/IO access

ICP
Plan actions before interrupting CPR (i.e. COACHED)

ICP
Asystole/PEA: check alternate leads

Hypoxia
Hypovolaemia
Hyper/hypokalaemia or metabolic disorder
Hyperthermia/hypothermia

Tension pneumothorax
Tamponade
Toxins
Thrombosis (pulmonary/coronary)

ICP
VF / VT: precordial thump, if monitored and witnessed