



Doses/Details

CPR Quality: (per current HPCPR guidelines)

- Push hard (> 2 inches [5 cm]) and fast (110/min) allow complete chest recoil
- Minimize interruptions in compressions
- Avoid excessive ventilation
- Rotate compressor every 2 minutes
- Ratio: 10 compressions to 1 ventilation simultaneously
- Quantitative waveform capnography
If PETCO2 <10 mm Hg, attempt to improve CPR quality

Return of Spontaneous Circulation (ROSC):

- Pulse and blood pressure

Shock Energy:

- **Biphasic:** Manufacturer recommendation (120-200J) if unknown, use maximum available
Second and subsequent doses should be equivalent, and higher doses may be considered
- **Monophasic:** 360 J

Drug Therapy:

- **Epinephrine IV/IO dose:**
1 mg every 3-5 min
- **Amiodarone IV/IO dose:**
First dose: 300 mg bolus
Second dose: 150 mg

Advanced Airway:

- Supraglottic advance airway or ETT
- Waveform capnography to confirm and monitor ET tube placement
- With ETT or Supraglottic Airway placed ratio remains 10 compressions to 1 ventilation simultaneously

Reversible Causes:

- Hypovolemia
- Hypoxia
- Hydrogen ion (acidosis)
- Hypo-/hyperkalemia
- Hypothermia
- Tension pneumothorax
- Tamponade, cardiac
- Toxins
- Thrombosis, pulmonary
- Thrombosis, coronary

Approved: 12/12/14
Dr. Larry Smith

Reviewed: 12/10/14
Revised: 12/12/14

Document:

- Detailed Assessment
- Treatment
- Response to Treatment
- SpO2, Cardiac Rhythm, Vital Signs
- Verify ETT Placement
- Communication with Medical Control