ADULT CARDIAC ARREST – (ATRAUMATIC)

Universal Protocol
HPCPR 10:1
Consider Reversible Causes
Monitor ETCO₂

- At 200 compressions begin charging the monitor – continue CPR while monitor is charging
- Once fully charged, stop CPR for rhythm analysis

Shockable Rhythm?
V-FIB OR V-TACH

- Dump charge
- Continue HPCPR

Shocks
- Initial shock at 120J
- Subsequent shocks at 150J then 200J
- Recurrent V-fib/V-tach use last successful shock level

Medications
- **Epinephrine 1:10,000** 1 mg IV/IO repeat every 3-5 min
- **Lidocaine** 1.5 mg/kg IV/IO repeat once in 3-5 min (max total dose 3 mg/kg)

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Base Orders – STEMI Receiving Center (French Hospital)
- **Push-Dose Epinephrine 10 mcg/mL** 1 mL IV/IO every 1-3 min, repeat as needed to titrate to SBP >90 mmHg, or
- **Epinephrine Drip** start at 10 mcg/min IV/IO infusion
- Termination of resuscitation if no response after 20 min

Arrests due to non-cardiac origin i.e. OD, drowning – contact appropriate Base per Policy # 121

Notes
- Perform 2 minutes of CPR between treatment modalities
- Pulse checks – perform during rhythm analysis with an organized rhythm >40 bpm
- Organized rhythm <40 BPM continue HPCPR for 2 min, then reassess for ROSC
- ROSC – transport to nearest STEMI Center regardless of 12-lead ECG reading
- Perform 2 minutes of uninterrupted CPR between rhythm analysis
- Immediately resume CPR after defibrillations
- Utilize BVM unless airway compromised or patient has ROSC without adequate respiratory effort
- Use manufacturer recommended energy settings if different from listed