Cardiac Arrest

Patient arrives to UCMC undergoing CPR

1. Place defibrillator pads on the patient
2. Continue compressions
3. Secure IV/IO access

① Airway team secures advanced airway

② Arrives intubated
- Confirm tube placement
- End-tidal CO₂

③ Arrives with EGA
- Recommend exchanging for ETT if suspect respiratory arrest, difficulty bagging, poor EtCO₂ or vomiting.

④ Arrive undergoing BVM
- Recommend placing an ETT or iGel without interrupting compressions
- Confirm with EtCO₂

④ Ultrasound team obtains cardiac view and prepares for clip

Rhythm check

Shockable rhythm A
- Deliver shock and resume compressions
- Consider placing femoral arterial line

Non-shockable rhythm B
- Resume compressions

Return to Step 4 Rhythm Check

ROSC achieved?

NO
- May consider ECMO

YES
- Go to Post-ROSC management algorithm

For V-Fib/V-Tach consider:
- Epi 1mg q 3-5 min, or early Epi drip at 0.5 mcg/kg/min
- Amio: 300mg, given after Epi x 2
- Esmolol 500mcg/kg bolus followed by 0-100 mcg/kg/mindrip in refractory cases

PEA/Asystole
- Epi 1mg q 3-5 min

PEA
- Evaluate for reversible causes
- 1 amp CaCl
- 1 amp NaHCO₃
- 1 liter fluid bolus
- Tamponade - Pericardiocentesis
- PE: Alteplase 50mg IVP + 50mg over 15-30 min
- Pneumothorax: Needle decompression

Narrow Complex
- 1 liter fluid bolus
- Tamponade - Pericardiocentesis
- PE: Alteplase 50mg IVP + 50mg over 15-30 min
- Pneumothorax: Needle decompression