DOSES & DETAILS

CPR QUALITY
- Push hard (at least 2 inches [5 cm]) and fast (100-120/min) and allow complete chest recoil.
- Minimize interruptions in compressions.
- Avoid excessive ventilation.
- Rotate compressor every 2 minutes, or sooner if fatigued.
- If no advanced airway, 30:2 compression-ventilation ratio.
- Quantitative waveform capnography
  - If PETCO₂ <10mm Hg, attempt to improve CPR quality
  - Intra-arterial pressure
    - If relaxation phase (diastolic) pressure <20 mm Hg, attempt to improve CPR quality

SHOCK ENERGY FOR DEFIBRILLATION
- Biphasic: Manufacturer recommendation (eg, initial dose of 120-200 J); 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 minutes
- Amiodarone IV/IO Dose: First dose: 300mg bolus. Second dose: 150mg.

ADVANCED AIRWAY
- Endotracheal intubation or supraglottic advanced airway
- Waveform capnography or canometry to confirm and monitor ET tube placement
- Once advanced airway in place, give 1 breath every 6 seconds (10-12 breaths/min) with continuous chest compressions

RETURN OF SPONTANEOUS CIRCULATION (ROSC)
- Pulse and blood pressure
- Abrupt sustained increase in PETCO₂ (typically ≥40mm Hg)
- Spontaneous arterial pressure waves with intra-arterial monitoring

REVERSIBLE CAUSES
- H’s
  - Hypovolemia
  - Hypoxia
  - Hydrogen ion (acidosis)
  - Hypo-/hyperkalemia
  - Hypothermia
- T’s
  - Tension pneumothorax
  - Tamponade (cardiac)
  - Toxins
  - Thrombosis (pulmonary)
  - Thrombosis (coronary)

This Algorithm is based on the latest (2015) American Heart Association standards and guidelines.

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