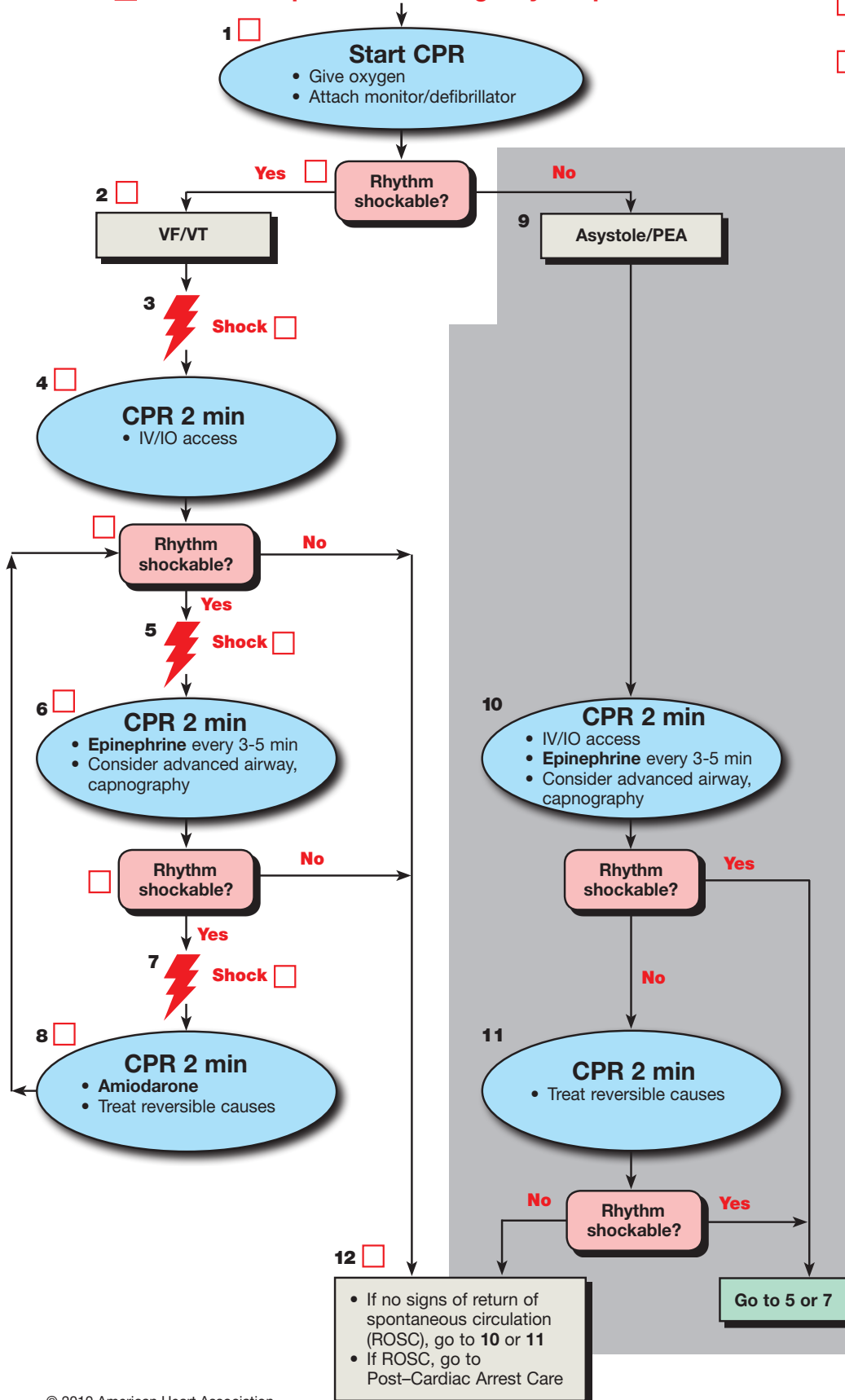


# Cardiac Arrest VF/Pulseless VT Learning Station Checklist

## Adult Cardiac Arrest

Shout for Help/Activate Emergency Response



### CPR Quality

- Push hard ( $\geq 2$  inches [5 cm]) and fast ( $\geq 100$ /min) and allow complete chest recoil
- Minimize interruptions in compressions
- Avoid excessive ventilation
- Rotate compressor every 2 minutes
- If no advanced airway, 30:2 compression-ventilation ratio
- Quantitative waveform capnography
  - If  $PETCO_2 < 10$  mm Hg, attempt to improve CPR quality
- Intra-arterial pressure
  - If relaxation phase (diastolic) pressure  $< 20$  mm Hg, attempt to improve CPR quality

### Return of Spontaneous Circulation (ROSC)

- Pulse and blood pressure
- Abrupt sustained increase in  $PETCO_2$  (typically  $\geq 40$  mm Hg)
- Spontaneous arterial pressure waves with intra-arterial monitoring

### Shock Energy

- **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
- **Vasopressin IV/IO Dose:** 40 units can replace first or second dose of epinephrine
- **Amiodarone IV/IO Dose:** First dose: 300 mg bolus. Second dose: 150 mg.

### Advanced Airway

- Supraglottic advanced airway or endotracheal intubation
- Waveform capnography to confirm and monitor ET tube placement
- 8-10 breaths per minute with continuous chest compressions

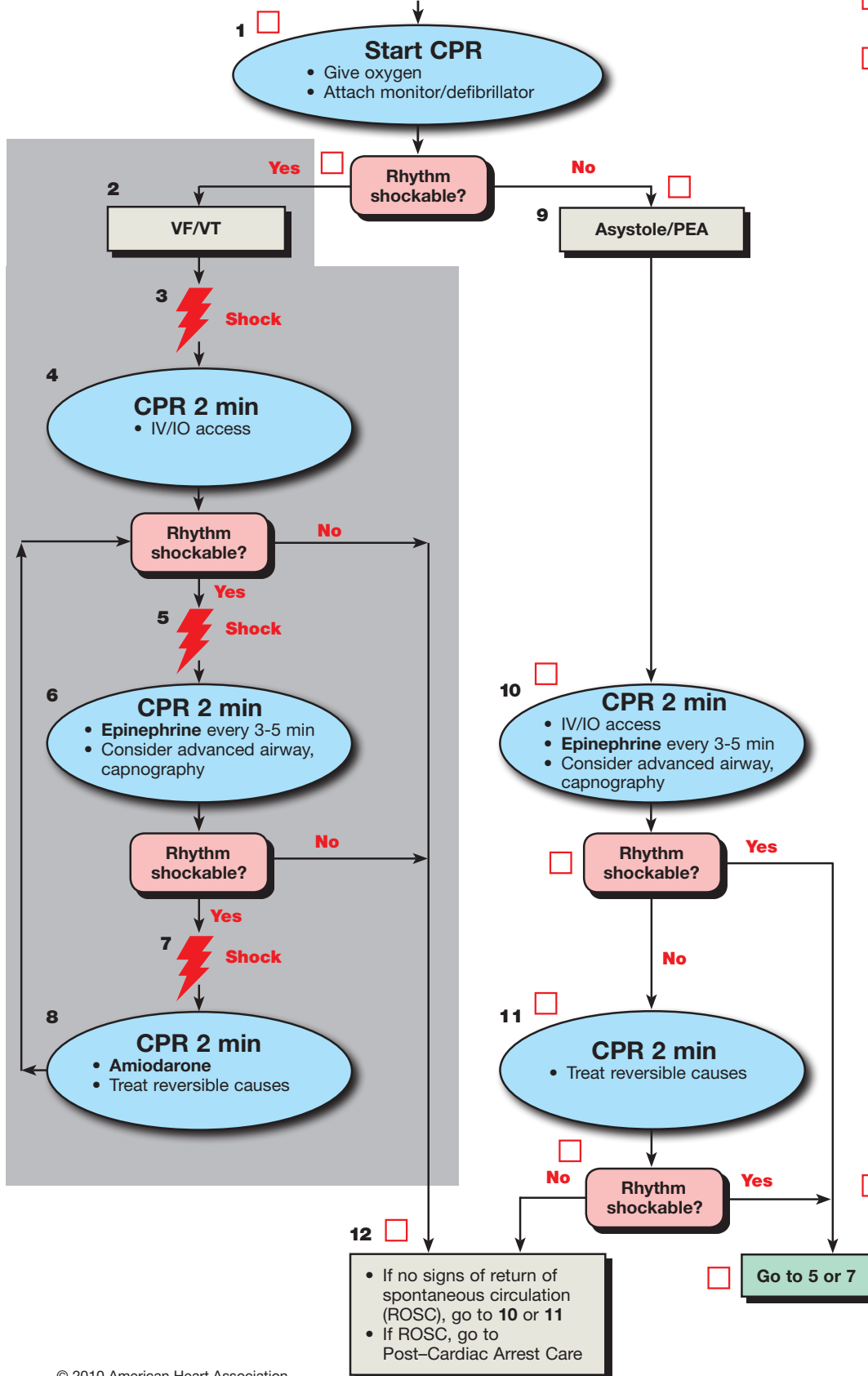
### Reversible Causes

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

# Cardiac Arrest PEA/Asystole Learning Station Checklist

## Adult Cardiac Arrest

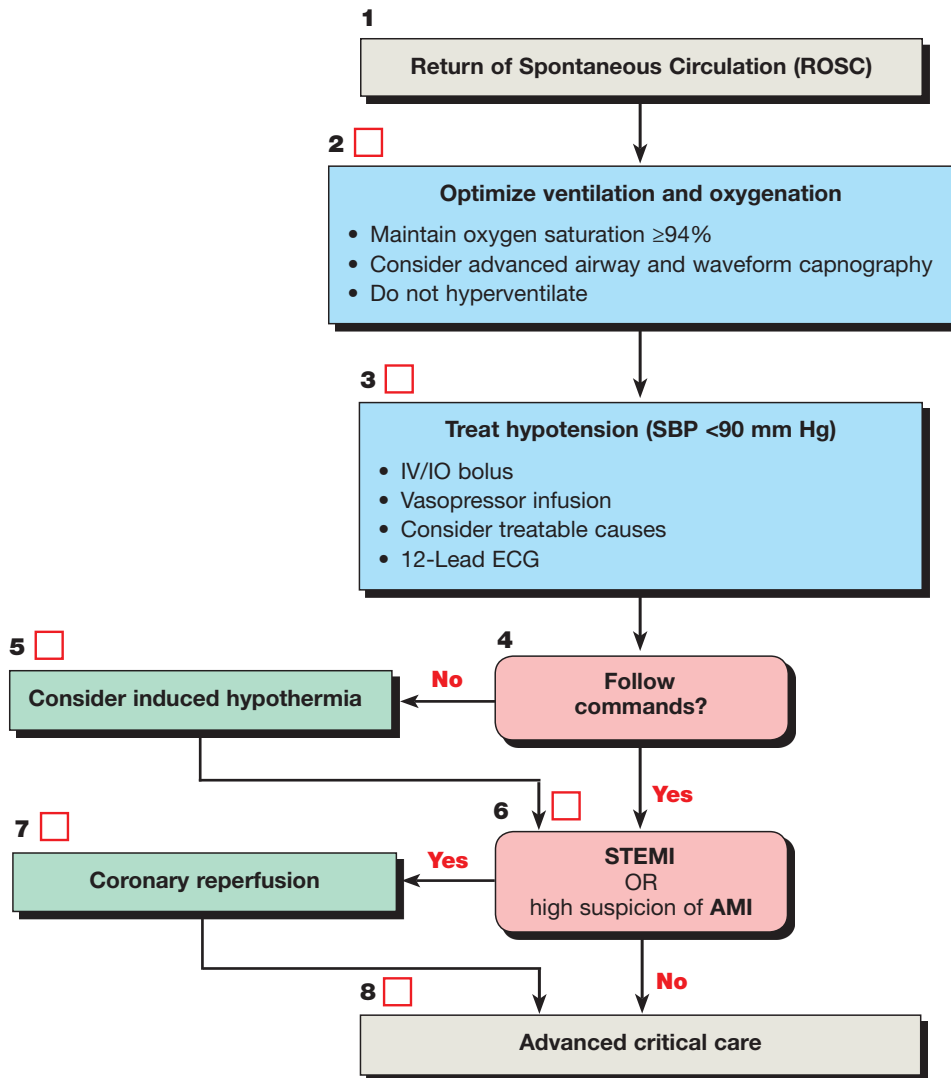
**Shout for Help/Activate Emergency Response**



- CPR Quality**
  - Push hard ( $\geq 2$  inches [5 cm]) and fast ( $\geq 100$ /min) and allow complete chest recoil
  - Minimize interruptions in compressions
  - Avoid excessive ventilation
  - Rotate compressor every 2 minutes
  - If no advanced airway, 30:2 compression-ventilation ratio
  - Quantitative waveform capnography
    - If  $PETCO_2 < 10$  mm Hg, attempt to improve CPR quality
  - Intra-arterial pressure
    - If relaxation phase (diastolic) pressure  $< 20$  mm Hg, attempt to improve CPR quality
- Return of Spontaneous Circulation (ROSC)**
  - Pulse and blood pressure
  - Abrupt sustained increase in  $PETCO_2$  (typically  $\geq 40$  mm Hg)
  - Spontaneous arterial pressure waves with intra-arterial monitoring
- Shock Energy**
  - **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
  - **Vasopressin IV/IO Dose:** 40 units can replace first or second dose of epinephrine
  - **Amiodarone IV/IO Dose:** First dose: 300 mg bolus. Second dose: 150 mg.
- Advanced Airway**
  - Supraglottic advanced airway or endotracheal intubation
  - Waveform capnography to confirm and monitor ET tube placement
  - 8-10 breaths per minute with continuous chest compressions
- Reversible Causes**
  - Hypovolemia
  - Hypoxia
  - Hydrogen ion (acidosis)
  - Hypo-/hyperkalemia
  - Hypothermia
  - Tension pneumothorax
  - Tamponade, cardiac
  - Toxins
  - Thrombosis, pulmonary
  - Thrombosis, coronary

# Immediate Post-Cardiac Arrest Care Learning Station Checklist

## Adult Immediate Post-Cardiac Arrest Care



### Doses/Details

#### Ventilation/Oxygenation

Avoid excessive ventilation. Start at 10-12 breaths/min and titrate to target PETCO<sub>2</sub> of 35-40 mm Hg. When feasible, titrate FIO<sub>2</sub> to minimum necessary to achieve SpO<sub>2</sub> ≥94%.

#### IV Bolus

1-2 L normal saline or lactated Ringer's. If inducing hypothermia, may use 4°C fluid.

#### Epinephrine IV Infusion:

0.1-0.5 mcg/kg per minute (in 70-kg adult: 7-35 mcg per minute)

#### Dopamine IV Infusion:

5-10 mcg/kg per minute

#### Norepinephrine

#### IV Infusion:

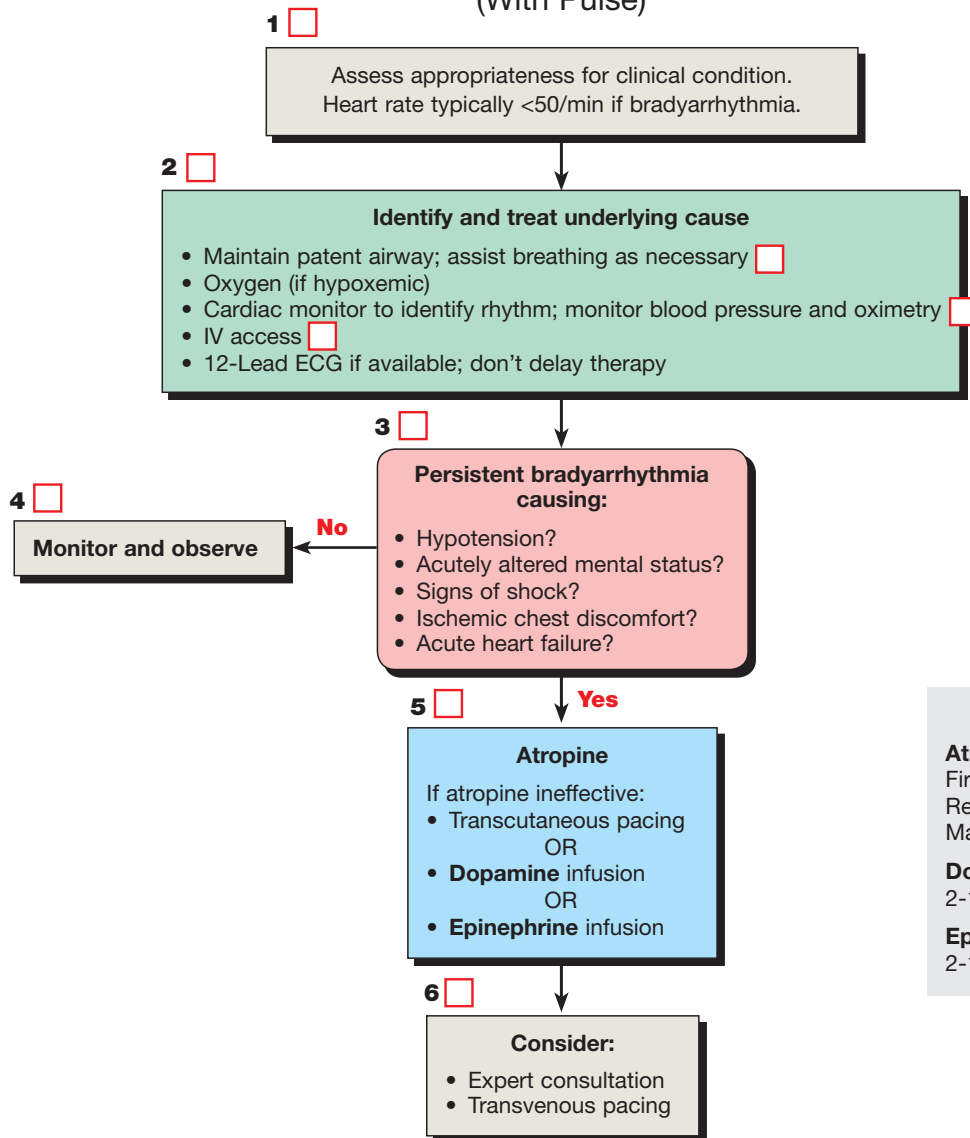
0.1-0.5 mcg/kg per minute (in 70-kg adult: 7-35 mcg per minute)

#### Reversible Causes

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

# Bradycardia Learning Station Checklist

## Adult Bradycardia (With Pulse)



### Doses/Details

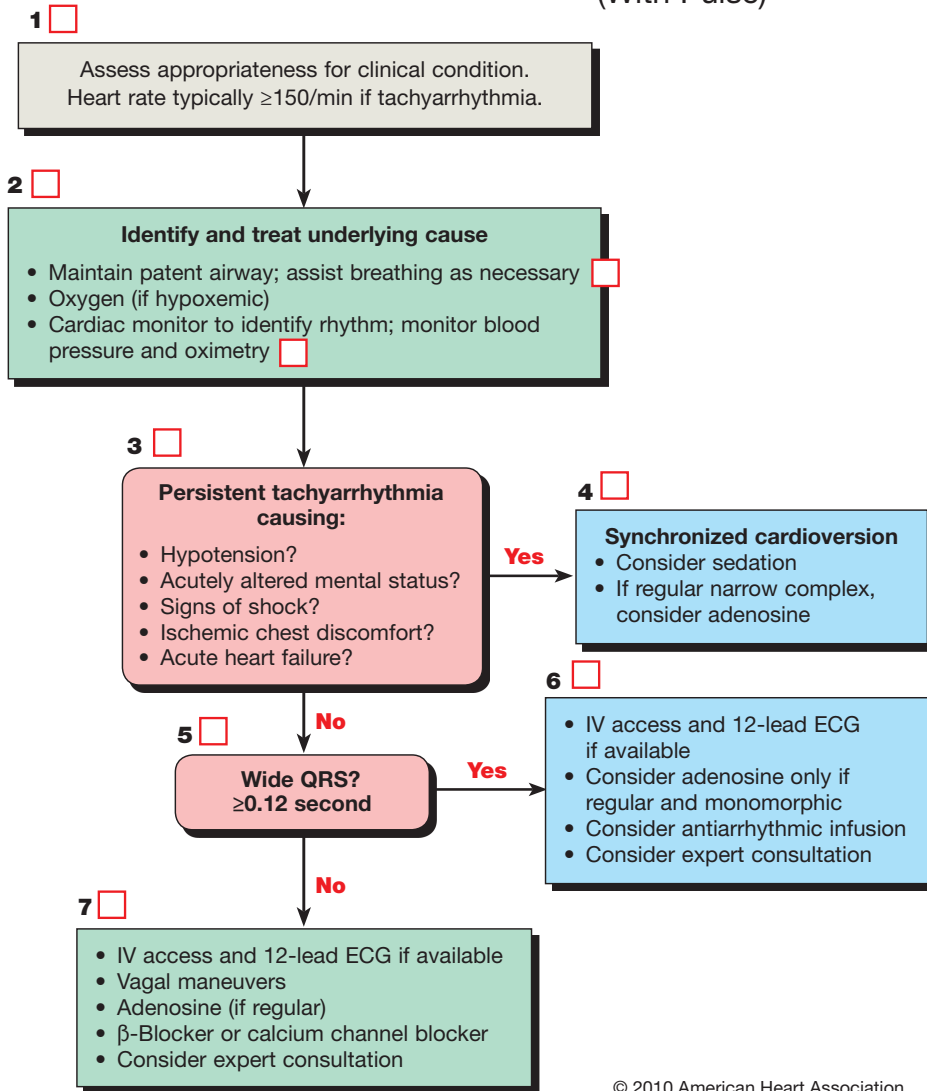
**Atropine IV Dose:**  
First dose: 0.5 mg bolus  
Repeat every 3-5 minutes  
Maximum: 3 mg

**Dopamine IV Infusion:**  
2-10 mcg/kg per minute

**Epinephrine IV Infusion:**  
2-10 mcg per minute

# Tachycardia Learning Station Checklist

## Adult Tachycardia (With Pulse)



© 2010 American Heart Association

### Doses/Details

#### Synchronized Cardioversion

Initial recommended doses:

- Narrow regular: 50-100 J
- Narrow irregular: 120-200 J biphasic or 200 J monophasic
- Wide regular: 100 J
- Wide irregular: defibrillation dose (NOT synchronized)

#### Adenosine IV Dose:

First dose: 6 mg rapid IV push; follow with NS flush.

Second dose: 12 mg if required.

#### Antiarrhythmic Infusions for Stable Wide-QRS Tachycardia

##### Procainamide IV Dose:

20-50 mg/min until arrhythmia suppressed, hypotension ensues, QRS duration increases  $>50\%$ , or maximum dose 17 mg/kg given. Maintenance infusion: 1-4 mg/min. Avoid if prolonged QT or CHF.

##### Amiodarone IV Dose:

First dose: 150 mg over 10 minutes. Repeat as needed if VT recurs. Follow by maintenance infusion of 1 mg/min for first 6 hours.

##### Sotalol IV Dose:

100 mg (1.5 mg/kg) over 5 minutes. Avoid if prolonged QT.