PULSELESS

START CPR

IS THE RHYTHM SHOCKABLE?

YES

VF/PULSELESS VT

Defibrillate
120-200 J
Biphasic
360 J Monophasic

2 min. CPR
EPINEPHRINE 1 mg
(1:10,000 Concentration)
Give every 3-5mins

NO

PEA/ASYSTOLE

Defibrillate
120-200 J
Biphasic
360 J Monophasic

2 min. CPR
EPINEPHRINE 1 mg
(1:10,000 Concentration)
Give every 3-5mins.

BLS & ALS SURVEYS

GENERAL ASSESSMENT
- Check for Scene Safety
- Check for Response and Breathing
- Activate EMS or Call for Help/AED

Absent

Check Carotid Pulses
5-10 sec.

Present

BLS SURVEY

Start Chest Compressions
At least 100-120 per minute
At least 2” deep but no more than 2.4”
30:2 (5 Cycles) for 2 minutes
Allow for complete chest recoil

ALS SURVEY

A.B.C.D.
Airway: Keep airway patent
Position, Suction, OPA/NPA
Breathing: Support Breathing
Rescue Breaths: 1:5-6 sec (10-12/min)
Cardiac Arrest with ETT: 1:6 sec. (10 min)
asynchronized to compressions
Circulation: IV/IO, Monitors/12-Lead,
Bolus, Meds, Shock, Compressions
Keep O2Sat >94-99%
Keep PETCO2 35-40 mm Hg
PETCO2 >10 with compressions
Keep SBP > 90 mm Hg
Differential Diagnosis (H&Ts)
Hypoxemia
Hypovolemia
Hypo/Hyperkalemia
Hydrogen Ions (Acidosis)
Hypothermia
Toxins
Tension Pneumothorax
Tamponade, Cardiac
Thrombosis, Pulmonary Embolism
Thrombosis, ACS

Based on AHA 2015 ACLS Guidelines.

SHOCKABLE?

YES

Defibrillate
120-200 J
Biphasic
360 J Monophasic

SHOCKABLE?

NO

2 min. CPR
AMIODARONE
300 mg IV/IO bolus
May repeat 150 mg
for refractory VF/VT
Treat Reversible Causes
Consider advanced airway

NO

NO

Treat Reversible Causes
Consider advanced airway

saveaheartcpr1511@gmail.com

www.saveaheartcpr.com