

Subject: Treatment Guidelines – ALS  
Medical Cardiac Arrest - Adult

Associated Policies:

---

I. Priorities:

1. Assess ABCs and start CPR without delay.
2. Attach monitor/defibrillator and assess rhythm.
3. Determine if rhythm is shockable (pulseless VT/VF) or not shockable (Asystole/PEA).
4. Provide high quality chest compressions at a rate between 100 – 120 per minute.
5. Give oxygen via BVM and provide uninterrupted compressions to ventilations at appropriate rates.

II. Shockable rhythms (Pulseless Ventricular Tachycardia/Ventricular Fibrillation)

1. As soon as rhythm is identified, provide defibrillation without delay at appropriate shock energy.
2. Immediately resume CPR for 2 minutes or 5 cycles of CPR.
3. Obtain IV/IO access.
4. Administer Epinephrine per Policy # 5307.
5. Consider advanced airway endotracheal intubation per Policy # 5318 or IGEL airway per Policy # 5409 if BLS airway is inadequate and capnography is available.
6. Evaluate rhythm every two minutes, determine if shockable. If rhythm is shockable, provide defibrillation.
7. Immediately resume CPR for 2 minutes or 5 cycles of CPR.
8. Administer Amiodarone per Policy # 5439 or Lidocaine per Policy # 5309.
9. If at any time at the 2-minute rhythm checks, the rhythm becomes unshockable, go to Section III of this policy.

III. Not shockable rhythms (Asystole/PEA)

1. Provide uninterrupted CPR for 2 minutes or 5 cycles of CPR. Evaluate rhythm after every two minutes.
2. Obtain IO/IV access.
3. Administer Epinephrine per Policy # 5307.
4. Consider advanced airway endotracheal intubation per Policy # 5318 or IGEL airway per Policy # 5409
5. Evaluate and treat for reversible causes. (H's and T's)
  - a. Hypovolemia – administer fluid bolus.
  - b. Hypoxia/Hypoxemia – ensure airway is open, ensure adequate ventilations and oxygen administration.
  - c. Hydrogen Ion (Acidosis) – Provide adequate ventilations, consider Sodium Bicarbonate per Policy # 5313
  - d. Hyperkalemia – Provide adequate ventilations, consider Sodium Bicarbonate per Policy # 5313 and Calcium Chloride 10% per Policy # 5305 if patient has history dialysis.
  - e. Tamponade (Cardiac) – rapid transport
  - f. Toxins – Treatment based on overdose agent. Supportive care

Subject: Treatment Guidelines – ALS  
Medical Cardiac Arrest - Adult

Associated Policies:

---

- g. Tension Pneumothorax – Perform Needle Decompression per Policy # 5420.
- h. Thrombosis (Pulmonary) – Supportive care.
- 6. If at any time at the 2-minute rhythm checks, the rhythm becomes shockable, go to Section II of this policy.

IV. Special Information:

- 1. Consider termination of efforts in the presence of asystole/PEA longer than 20 minutes in patients found pulseless and apneic after an unwitnessed arrest per Policy #2305
- 2. Defibrillation energy for adults is biphasic 200 J

V. Return of Spontaneous Circulation (ROSC)

- 1. Following ROSC, obtain vital signs.
- 2. Assess for shock and volume status.
- 3. Ensure adequate peripheral access – IO/IV.
- 4. Consider an advanced airway endotracheal intubation per Policy # 5318 or IGEL airway per Policy # 5409 if indicated.
- 5. Manage respiratory parameters – start 10 breathes per minute maintain SpO<sub>2</sub> 92% - 98%. PaCO<sub>2</sub> – 35-45 mm Hg. Avoid hyperventilation and hyper/hypocapnia.
- 6. Manage hemodynamic parameters systolic blood pressure greater than 90mm Hg.
- 7. Elevate head of the bed to 30 degrees.
- 8. Obtain 12 lead. If STEMI is indicated, consider direct transport to STEMI center per Policy # 6511.
- 9. Continuous rhythm monitoring and pulse checks.
- 10. Notify receiving hospital early of ROSC.