

IF YOU ARE PRESENT WHEN PATIENT CODES

Ensure there is **NO PULSE** before you thumb + there are **WITNESSES!!!**



- A: ensure it is open
- B: BVM + 15L/min O₂ (check for chest rise/fall)
- C: identify rhythm

NON-shockable															
- Asystole (always confirm Asystole by checking the ECG in 2 different leads) - PEA (any rhythm w/NO pulse that is NOT Asystole / V-Fib / V-Tach)															
CPR for 2 minutes															
- place OPA -> Combitube - establish IV if not already present - admin meds: <table border="0"> <tr> <td>Asystole:</td> <td>PEA - Admin IV FLUIDS(volume loss is most common cause)</td> </tr> <tr> <td>- Epi 1:10,000</td> <td>- Epi 1:10,000</td> </tr> <tr> <td>1mg IVP q 3-5 minutes</td> <td>1mg IVP q 3-5 minutes</td> </tr> </table>		Asystole:	PEA - Admin IV FLUIDS (volume loss is most common cause)	- Epi 1:10,000	- Epi 1:10,000	1mg IVP q 3-5 minutes	1mg IVP q 3-5 minutes								
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Shockable	
- V-Fib - Pulseless V-Tach	
ANALYSE -> SHOCK -> Check for PULSE	
CPR for 2 minutes	
- place OPA -> Combitube - establish IV if not already present - admin *Epi 1:10,000 (1mg IVP q 3-5 minutes) OR Vasopressin (40 units IVP one time only) . If choosing Vasopressin, you can push Amiodarone afterwards, but you have to wait for 10 minutes since you admin Vasopressin before you can admin Epi 1:10:000	
ANALYSE -> SHOCK -> Check for PULSE	
CPR for 2 minutes	
admin Amiodarone - 300 mg IVP , repeat 150 mg q 3-5 minutes (first line drug after Epi 1:10:000) If you don't have Amiodarone, you can use Lidocaine 1-1.5 mg/kg q 5-8 minutes, MAX 3 mg/kg	
ANALYSE -> SHOCK -> Check for PULSE	
CPR for 2 minutes	
admin Epi 1:10,000 - 1mg IVP q 3-5 minutes	
ANALYSE -> SHOCK -> Check for PULSE	
CPR for 2 minutes	
admin Amiodarone (150 mg IVP q 3-5 minutes) OR Lidocaine (1-1.5 mg/kg q 5-8 minutes, MAX 3 mg/kg) according to what you use earlier on	

NOTES:

- **Monitor closely for changes on HR rhythm, if there is a change -> check for PULSE immediately after finishing CPR:**
 - if there is a **PULSE** -> check **BREATHING + BP**
 - if there is a **NO** pulse -> continue **CPR** -> shock if advise -> admin meds according to new rhythm

- If pt converts -> use the **post conversion drip dosage** of the drug that converted the patient
 - **Amiodarone:** 1mg/minute
 - **Lidocaine:** 1-4mg/minute *** If you have given the MAX dose of 3 mg/kg, you won't be given the post conversion drip of this drug**