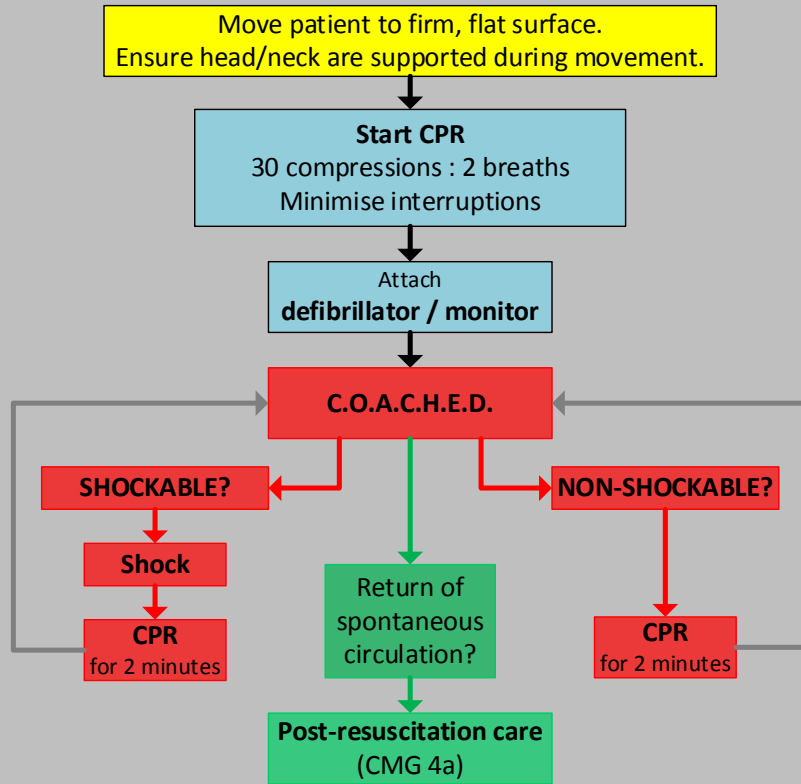


# CMG 4 – ADULT CARDIAC ARREST

(Revised: December 2018)



- Compressions continue
- Oxygen away
- All else clear
- Charging
- Hands off/I'm safe
- Evaluate rhythm
- Defibrillate or disarm

- |  |                                 |
|--|---------------------------------|
| Hypoxia                                  | Tension pneumothorax            |
| Hypovolaemia                             | Tamponade                       |
| Hyper/hypokalaemia or metabolic disorder | Toxins                          |
| Hyperthermia/hypothermia                 | Thrombosis (pulmonary/coronary) |

ICP	<b>VF / VT: precordial thump, if monitored and witnessed</b>	AP
<b>DURING CPR:</b>		
ICP	Airway adjuncts	AP
ICP	Add oxygen	AP
ICP	EtCO <sub>2</sub>	AP
ICP	IV/IO access	AP
ICP	Plan actions before interrupting CPR (i.e. COACHED)	AP
ICP	Asystole/PEA: check alternate leads	AP
<b>MEDICATIONS – SHOCKABLE</b>		
ICP	<b>Adrenaline</b> 1mg after 2 <sup>nd</sup> shock (then in every second loop)	AP
ICP	<b>Amiodarone</b> – 300mg after 3 <sup>rd</sup> shock	
ICP	<b>Magnesium sulphate</b> <ul style="list-style-type: none"> <li>• first drug in Torsades de Pointes, or</li> <li>• after 4<sup>th</sup> shock if still in VF</li> </ul>	
ICP	<b>Sodium bicarbonate</b> <ul style="list-style-type: none"> <li>• prolonged arrest (&gt;15 minutes), or</li> <li>• as otherwise indicated (hyperkalaemia, tricyclic OD)</li> </ul>	
<b>MEDICATIONS – NON-SHOCKABLE</b>		
ICP	<b>Adrenaline</b> 1mg immediately (then in every second loop)	AP
ICP	<b>Sodium bicarbonate</b> <ul style="list-style-type: none"> <li>• prolonged arrest (&gt;15 minutes), or</li> <li>• as otherwise indicated (hyperkalaemia, tricyclic OD)</li> </ul>	
ICP	<b>CHECK AGGRESSIVELY FOR CORRECTABLE CAUSES</b>	AP