



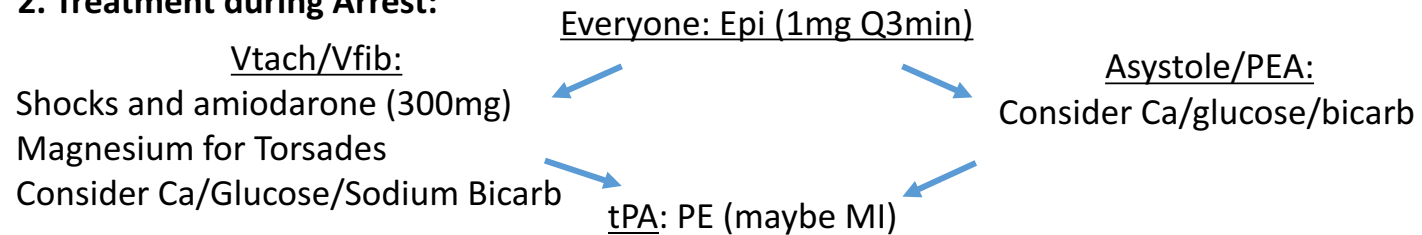
Foundations Frameworks

Approach to Cardiac Arrest

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- 1. The First Four Actions:**
- Chest Compressions
 - Pads on Patient
 - Airway Management - BVM
 - 1mg Epinephrine (IO as needed)

2. Treatment during Arrest:



- 3. Treatable Causes:**
- Airway/Breathing: Hypoxia; PTx
 - Circulation: Hypovolemia, MI, Tamponade, PE
 - Drugs/Metabolic: Hyperkalemia, Acidosis, Hypoglycemia, Hypo/Hyperthermia, AV nodal blockers or Na Channel blockers

- 4. ROSC Management:**
- Airway/Breathing: intubate, avoid hypoxia and hypercapnia
 - Circulation: norepinephrine and fluids, central and arterial line
 - D: Neuro: Targeted Normothermia/Hypothermia

- 5. EKG = Disposition**
- STEMI = Cath Lab
 - non-STEMI = Discuss with Cardiology, 20-30% will still have culprit vessel lesion

Narrow vs Wide QRS:

- Narrow: structural
–use US to diagnose, give fluids
 - PE
 - Tamponade
 - Ptx
 - Hypovolemia
 - MI
- Wide: tox/metabolic
–give CaCl, glucose, bicarb puhes
 - Hyperkalemia
 - Na channel blockers
 - Acidosis

Poor Prognostic Factors in Cardiac Arrest:

- unwitnessed arrest
- no bystander CPR
- age >85
- asystole/PEA >30 min until ROSC
- Lactate > 7
- pH <7.2
- ESRD