

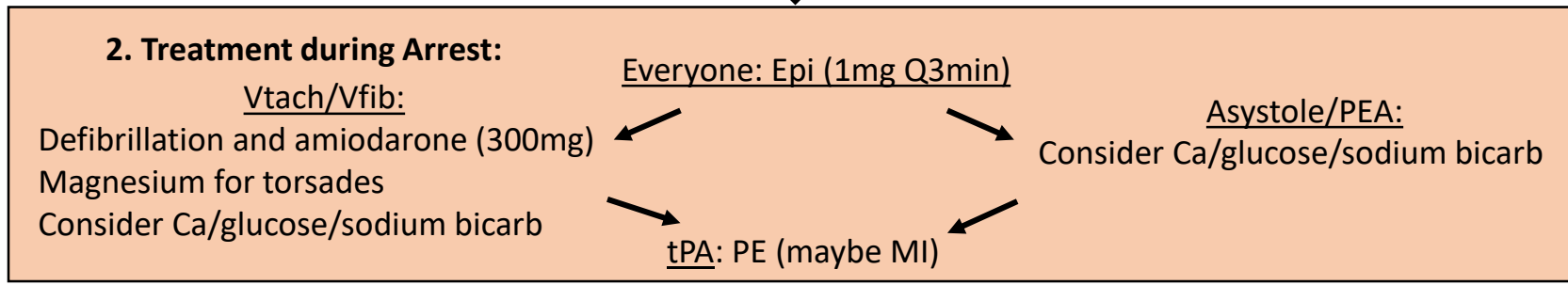


Foundations Frameworks

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)



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
 - 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 pukes
 - 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