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

2. **Treatment during Arrest:**
   - **Vtach/Vfib:**
     - Defibrillation and amiodarone (300mg)
     - Magnesium for torsades
     - Consider Ca/glucose/sodium bicarb
   - **Everyone:** Epi (1mg Q3min)
   - **Asystole/PEA:**
     - Consider Ca/glucose/sodium bicarb
     - tPA: PE (maybe MI)

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

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**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

**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

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**Foundations Frameworks**
**Approach to Cardiac Arrest**

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