

if cardiac arrest in-hospital patient has a witnessed and monitored

ALGORITHM shockable rhythms (VF/VT)

Giving a single precordial thump if defibrillator is not immediately to hand

CPR : 100 chest compressions/minute : ratio 30 chest compressions for 2 rescue breaths
En attente défibrillateur

VF/ pulseless VT

First Shock

1 Shock 150-200 J biphasic defibrillator or 360 J monophasic defibrillator

Pulse present start post-resuscitation care

2 minutes

CPR : 30 compressions to 2 ventilations /airway management + venous access + correct reversible cause

If TV / FV persists

Check the rhythm ± the pulse

2nd Shock

1 Shock 150-360 J biphasic defibrillator or 360 J monophasic defibrillator

Asystole

2 minutes

CPR with compression: ventilation ratio of 30:2 /airway management + venous access + correct reversible cause

Correct reversible causes
4H: Hypothermia, Hypovolémia, hypoxia, Hyper/hypo Kaliémia.

4T: Toxic, Tamponade, Tension pneumophthorax , Thrombosis coronary or pulmonary

Pulse present

Check rhythm ± pulse

Asystole

If TV / FV persists

Adrenaline 1 mg IV or 3 mg tracheal route diluted to at least 10 ml with sterile water

3rd Shock

1 Shock 150-360 J biphasic defibrillator or 360 J monophasic defibrillator

2 minutes

CPR with compression: ventilation ratio of 30:2 /airway management + venous access + correct reversible cause

Asystole

Check rhythm ± pulse

Pulse present start post-resuscitation care

If TV / FV persists

If VF refractory or hypomagnesaemia suspicion

SULPHATE MAGNESIUM give an initial intravenous dose of 2 g (4 ml (8 mmol)) of 50% magnesium sulphate) peripherally over 1-2 min after diluted in 5% dextrose of 100ml ; it may be repeated after 10-15 min.

AMIODARONE

Consider an initial intravenous dose of 300 mg, diluted in 5% dextrose volume of 20 ml

2 minutes

CPR compression: ventilation ratio of 30:2 /airway management + venous access + correct reversible cause

4th Shock

1 Shock 150-360 J biphasic defibrillator or 360 J monophasic defibrillator

Pulse present start post-resuscitation care

Check rhythm ± pulse

Asystole

If TV / FV persists

Adrénaline 1 mg IV and repeat every 3-5 min during cardiac arrest

Further Shock

1 Shock 150-360 J biphasic defibrillator or 360 J monophasic defibrillator

if hyperkalaemia or tricyclic antidepressant overdose

SODIUM BICARBONATE

50 ml sol à 8,4%
Giving sodium bicarbonate routinely is not recommended

2 minutes

CPR compression: ventilation ratio of 30:2 /airway management + venous access + correct reversible cause

Asystole

Check rhythm ± pulse

Pulse present start post-resuscitation care

If TV / FV persists

AMIODARONE

Consider intravenous dose of 150 mg, diluted in 5% dextrose volume of 20 ml followed by an infusion of 900 mg over 24 h.