time	ETCO2	ECG	Defib J	Med given	Notes (ET/KLT, IV/IO, ROSC, BP, TOR)

☐ Resuscitation performed where pt found - do NOT move pt w/ CPR in progress, unless scene unsafe or tx needed not available at scene

Compressions

- ☐ Rate - at least 100/min (avoid rate >120)
- ☐ Depth - at least 2”
- ☐ Release completely - lift hand slightly off chest
- ☐ Rotate compressor every 2 minutes - same time as ECG check
- ☐ Interrupt only for: rhythm ✓ when rotate compressor and defib
- ☐ After adv airway - do not pause compressions for ventilation

Monitor/Defib

- ☐ Pads attached - do not interrupt compressions to place pads
- ☐ Perform compressions while defibrillator charging
- ☐ Minimize time from last compression to shock (<5 secs)
- ☐ After defib – immed resume compressions – do NOT ✓ ECG/pulse

Airway

- ☐ OP/NPA in place when ventilation w/ BVM
- ☐ Attach RQP/ITD to mask/adv airway
- ☐ Attach capnography between RQP and bag
- ☐ Use 2 hands to maintain tight face-mask seal w/ compressions
- ☐ Avoid hyperventilation (30:2, after adv airway 8-10 min)
- ☐ Oxygen attached to bag
- ☐ Attempt adv airway – ideally w/o interrupting chest compressions
- ☐ King LT – place 18 fr cath in suction lumen
- ☐ Capnography waveform present, check # every 2 min

Vascular Access/Medications

- ☐ Vascular access (IO/IV-AC or EJ)
- ☐ Vasopressor every 3-5 minutes (vasopressin x 1, epinephrine)
- ☐ If VF: Amiodarone (300 mg, in 5 min repeat w/ 150 mg)
- ☐ Meds followed w/ 20-50 mL IVF bolus
- ☐ Extremity IV meds - follow w/ elevation for 20 seconds

PEA

- ☐ Begin IVF NS bolus 20 mL/kg - rapidly using pressure infuser
- ☐ ✓ glucose (hypoglycemia)
- ☐ ✓ lungs (tension pneumo)
- ☐ ✓ oxygen supply (? airway patent)
- ☐ ✓ PMH & meds

HypoVOLEMIA, HypoGLYCEMIA, HyperKALEMIA, H ion/ACIDOSIS, HypOXIA TENSION pneumo, TOXINS, Trauma, Thrombosis, TAMPONADE

☐ Family receiving information

ROSC

- ☐ Check & support BP – begin dopamine if SBP <90
- ☐ Check O2 sat: goal >94% (avoid O2 sat = 100%)
- ☐ Perform 12-L ECG – prior to moving pt
- ☐ Monitor closely esp. P, ECG, BP at least q 5 min – many pts rearrest
- ☐ Begin therapeutic hypothermia – unless contraindicated

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