ADVANCED LIFE SUPPORT

Unresponsive with absent or abnormal breathing

Call EMS/Resuscitation team

CPR 30:2
Attach defibrillator/monitor

Assess rhythm

Shockable
(VF/PULSELESS VT)

1 shock

Immediately resume chest compressions for 2 minutes

Non-shockable
(PEA/ASYSTOLE)

Return of spontaneous circulation (ROSC)

Immediately resume chest compressions for 2 minutes

Give high-quality chest compressions and
- Give oxygen
- Use waveform capnography
- Continuous compressions if advanced airway
- Minimise interruptions to compressions
- Intravenous or intraosseous access
- Give adrenaline every 3-5 min
- Give amiodarone after 3 shocks
- Identify and treat reversible causes

Identify and treat reversible causes
- Hypoxia
- Hypovolaemia
- Hypo-/ hyperkalemia/metabolic
- Hypo-/hyperthermia
- Thrombosis - coronary or pulmonary
- Tension pneumothorax
- Tamponade- cardiac
- Toxins
Consider ultrasound imaging to identify reversible causes

Consider
- Coronary angiography/percutaneous coronary intervention
- Mechanical chest compressions to facilitate transfer/treatment
- Extracorporeal CPR

After ROSC
- Use an ABCDE approach
- Aim for SpO₂ of 94-98% and normal PaCO₂
- 12 Lead ECG
- Identify and treat cause
- Targeted temperature management