Assess patient at extrication

- Lethal injuries or whole body frozen
  - YES: Do not start CPR
  - NO

- Duration of burial (core temperature)\(^1\)
  - ≤60 MIN (≥30°C): Universal ALS Algorithm\(^2\)
  - >60 MIN (<30°C)

  - Vital signs\(^3\)
    - ECG\(^4\)
      - YES
      - Minimally invasive rewarming\(^5\)
      - Witnessed cardiac arrest
    - NO

  - Universal ALS\(^6\)
    - ASYSTOLE

  - Patent airway\(^7\)
    - YES or uncertain
    - Consider HOPE survival probability\(^8\)
      - ≥10%
      - Hospital with ECLS
    - NO

- Consider termination of CPR

1. Core temperature may substitute if duration of burial is unknown.
2. Transport patient with injuries or potential complications (e.g. pulmonary oedema) to the most appropriate hospital.
3. Check for spontaneous breathing, pulse and any other movements for up to 60 seconds.
4. Use additional tools for detection of vital signs (end-tidal CO\(_2\), arterial oxygen saturation (SaO\(_2\)), ultrasound) if available.
5. Transport patients with core temperature <30°C, systolic blood pressure <90mmHg or any other cardiocirculatory instability to a hospital with ECLS.
6. With deeply hypothermic patient (<28°C) consider delayed CPR if rescue is too dangerous and intermittent CPR with difficult transport.
7. If airway is patent, the additional presence of an air pocket is a strong predictor for survival.
8. If HOPE is not possible, serum potassium and core temperature (cut-offs 7 mmol/L and 30°C) can be used but may be less reliable.

Abbreviations: ALS Advanced life support, CPR cardiopulmonary resuscitation, ECLS extracorporeal life support, PEA pulseless electrical activity, pVT pulseless ventricular tachycardia, SaO\(_2\) arterial oxygen saturation, VF ventricular fibrillation