1. Prevent and be prepared
   - Encourage cardiovascular prevention to reduce the risk of acute events
   - Promote health education to reduce delay to first medical contact
   - Promote laypeople BLS to increase the chance of bystander CPR
     - Ensure adequate resources for better management
   - Improve quality management systems & indicators for better quality monitoring

2. Detect parameters suggesting coronary thrombosis & Activate STEMI network
   - Chest pain prior to arrest
   - Known coronary artery disease
   - Initial rhythm VF or pVT
   - Post-resuscitation ECG: ST elevation

3. Resuscitate and treat possible causes

   Sustained ROSC

   **STEMI patients**
   - Time from diagnosis to PCI
     - < 120 min
       - Activate PCI laboratory
       - Transfer for immediate PCI
     - > 120 min
       - Perform pre-hospital fibrinolysis
       - Transfer to PCI centre

   **No STEMI patients**
   - Individualise decisions considering patient characteristics, OHCA setting, ECG findings
   - Quick diagnostic work up
     - Discard non-coronary causes
     - Chest patient condition
       - If there is on going ischaemia or haemodynamic compromise?
         - Yes - immediate PCI
         - No - consider delayed PCI

   No Sustained ROSC

   Assess setting & patient conditions and available resources
   - If futility:
     - Consider stopping CPR
   - If no futility:
     - Consider transfer to PCI centre with on-going CPR
     - Consider mechanical compressions and extracorporeal CPR
     - Consider PCI