Supportive Care

1. Start CPR, push hard and fast. ≥1/3 of anterior-posterior diameter of chest, ≥100/min.

2. Give oxygen, attach monitor/defibrillator, obtain IO/IV access

3. Medical Supportive Care Protocol, if applicable Death in the Field.

ALS Level 1

1. If Shockable Rhythm

   1a. Defibrillate with-2 joules/kg biphasic initally.

   Second shock is 4 joules/kg.

   Third shock and subsequent shocks remain at 4 joules/kg.

   1b. Immediately resume CPR for 2 minutes.

   1c. Epinephrine 1/10,000, 0.01 mg/kg IO/IV every 3 to 5 minutes.

   1d. Consider an Advanced Airway

   1e. Consider Capnography

   1f. If Shockable Rhythm, defibrillate with appropriate joules. As described in 1a. above.

   1g. Immediately resume CPR for 2 minutes.

   1h. Amiodarone 5 mg/kg IV (First Dose), May repeat up to 2 times if needed.

   1i. Treat reversible causes.
1j. Continue to repeat from #1 if needed and still in shockable rhythm.

1k. Proceed to #2 if converted to a non-shockable rhythm. Proceed to Post-Cardiac Arrest Care if pulse returns.

2. **Non-Shockable Rhythm**

2a. CPR for 2 minutes. CPR, push hard and fast. ≥1/3 of anterior-posterior diameter of chest, ≥100/min.

2b. **Epinephrine** 1/10,000, 0.01 mg/kg IO/IV every 3 to 5 minutes.

2c. Consider an Advanced Airway

2d. Consider Capnography

2e. Treat reversible causes

2f. Continue to repeat from #2 if rhythm remains non-shockable. Proceed to Post-Cardiac Arrest Care if pulse returns.

**ALS Level 2 (Physician authorization required)**

1. Consider termination of resuscitation attempt for agonal rhythm and asystole.

**Notes**

Push hard & fast (100/min), ensuring full chest recoil, and minimizing interruptions in chest compressions; change compressor every 2 minutes.

Avoid hyperventilation; perform asynchronous CPR ventilating 8-10 breaths/minute if advanced airway utilized.

If treatable causes are identified, narrow QRS complex PEA is associated with much
higher resuscitation rates than either asystole or wide QRS complex PEA.

Search for treatable causes (6H’s & 6T’s)

**Treatable Causes**

<table>
<thead>
<tr>
<th>Hypovolemia</th>
<th>Tablets and Toxins</th>
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</thead>
<tbody>
<tr>
<td>Hypoxia</td>
<td>Tamponade (cardiac)</td>
</tr>
<tr>
<td>Hypoglycemia</td>
<td>Tension pneumothorax</td>
</tr>
<tr>
<td>Hyper / Hypokalemia</td>
<td>Thrombus – MI</td>
</tr>
<tr>
<td>Hypothermia</td>
<td>Thrombus – PE</td>
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<tr>
<td>Hydrogen Ion (acidosis)</td>
<td>Trauma</td>
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</tbody>
</table>

Initial use of oropharyngeal airway and bag-valve-mask is acceptable with advanced airway differed until a suitable time.