WEST VIRGINIA Department of Health & Human Resources BUREAU FOR PUBLIC HEALTH

ACT Treatment Protocol 5205

ADULT CARDIAC ARREST

Follow Initial Treatment Protocol

Rhythm Shockable?

YES → **VT / VF** → **Shock Max Joules per Manufacturer Guidelines** → **CPR 2 Min.** Obtain IV / IO Access

NO → **Asystole / PEA** → **CPR 2 Min** Obtain IV / IO Access Epinephrine 1 mg repeated every 3 - 5 min. Consider Advanced Airway: ET or Supraglottic and Capnography

A

Rhythm Shockable?

NO → **If no ROSC – Go to B**

YES → **SHOCK** → **CPR 2 Min** **Epinephrine** 1 mg repeated every 3 - 5 min. Consider Advanced Airway: ET or Supraglottic and Capnography

Rhythm Shockable?

NO → **If no ROSC – Go to B**

YES → **SHOCK** → **CPR 2 Min** **Amiodarone** 300 mg and treat reversible causes; consider 150 mg dose if no conversion in 3 - 5 min. May substitute **Lidocaine** 1.0 – 1.5 mg/kg IV/IO repeated at 0.5 – 0.75 mg/kg IV/IO at 5 - 10 min. intervals to a max dose of 3 mg/kg.

B

Rhythm Shockable?

YES → **Go to A**

NO → **CPR 2 Min.** Treat Reversible Causes → **Rhythm Shockable?**

YES → **Go to A**

NO → **If no ROSC – Go to B**

If no ROSC – Go to B

If ROSC – Proceed to ROSC Protocol 5214

Contact **Medical Command** for additional post cardiac arrest treatment

If Non-Shockable rhythm remains after 20 min. of resuscitative efforts, Call **Medical Command** and consider **Cease Efforts Protocol 9102**

Assess for Reversible Causes

Hypoxia	Toxins
Hydrogen Ion	Tension Pneumothorax
Hypothermia	Cardiac Tamponade
Hypovolemia	Thrombus (cardiac)
Hypo/Hyperkalemia	Thrombus (pulmonary)
Hypoglycemia	Trauma

(OPTIONAL) Sodium Bicarbonate 50 mEq may be administered per MCP order.