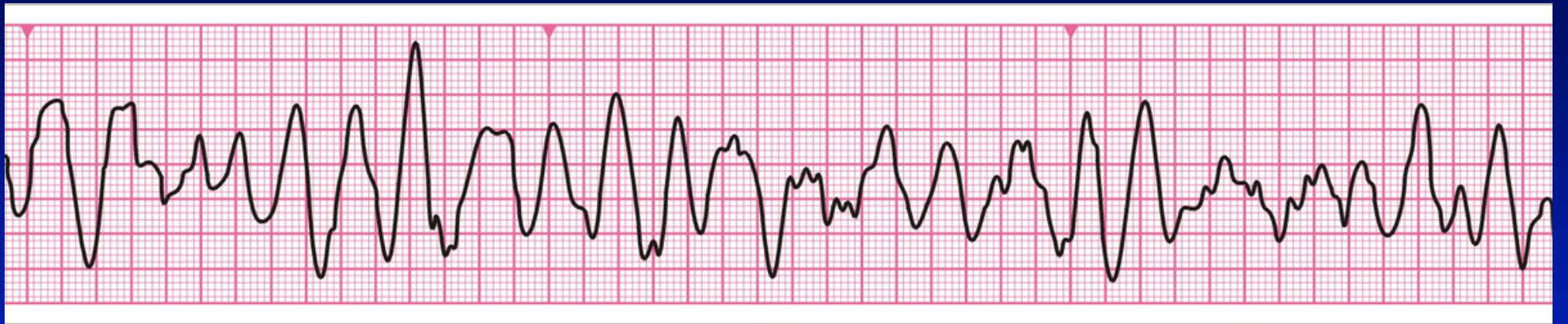


ALS UNIVERSAL TREATMENT ALGORITHM

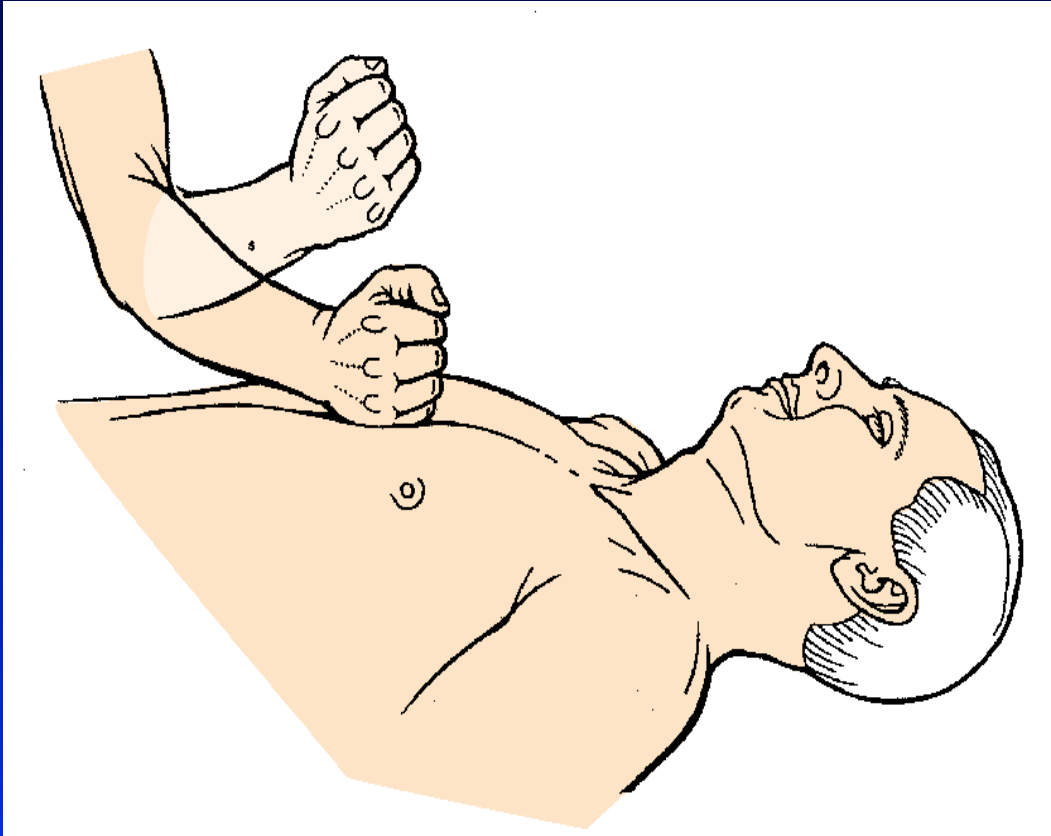
Objectives

To understand:

- Treatment of patients in:
 - ventricular fibrillation and pulseless ventricular tachycardia
 - asystole or pulseless electrical activity (non-VF/VT rhythms)



Precordial thump



- Indication:
 - witnessed or monitored cardiac arrest

Cardiac Arrest

Unresponsive?
Not breathing or only occasional gasps

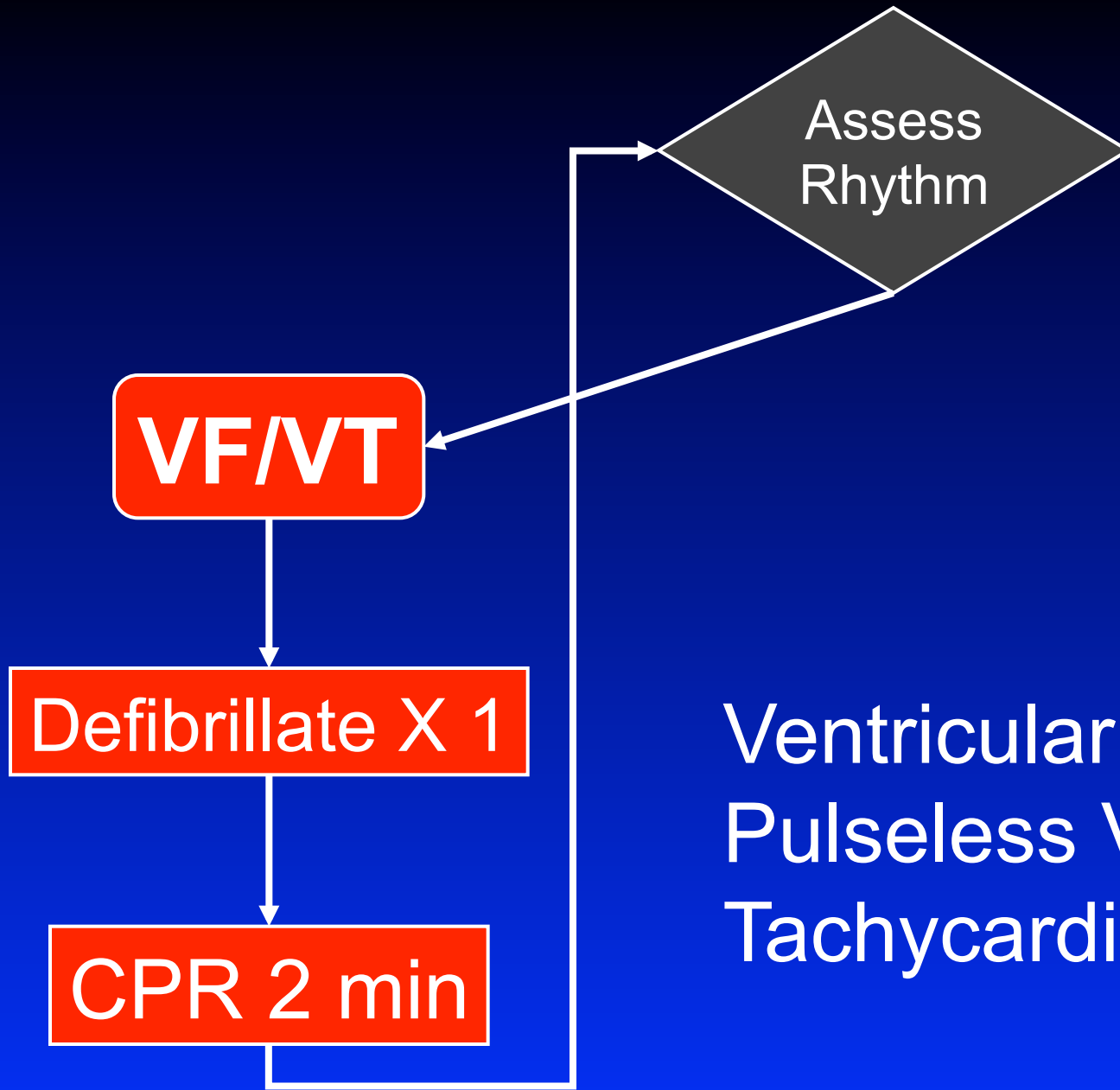
BLS Algorithm if appropriate

Attach Defib-Monitor

Assess
Rhythm

VF/VT

Non-VF/VT



Ventricular Fibrillation/
Pulseless Ventricular
Tachycardia

VF/VT



Shock 200 J biphasic
or
Shock 360 J monophasic

During CPR

Correct reversible causes

If not already:

- check electrodes, paddle position and contact
- attempt / verify: airway & O₂
 i.v. access
- give epinephrine every 3 min

Consider:

Amiodarone, Lidocaine / pacing, buffers

Chest compressions, airway and ventilation

- Secure airway:
 - tracheal tube
 - LMA
 - Combitube
- Once airway secured, do not interrupt chest compressions for ventilation

Intravenous access and drugs

VF/VT

- Central veins versus peripheral
- Epinephrine 1 mg i.v. or 2-3 mg tracheal
- Consider amiodarone 300 mg if VF/VT persists after 3rd shock
- Alternatively - lidocaine 100 mg
- Consider magnesium 8 mmol

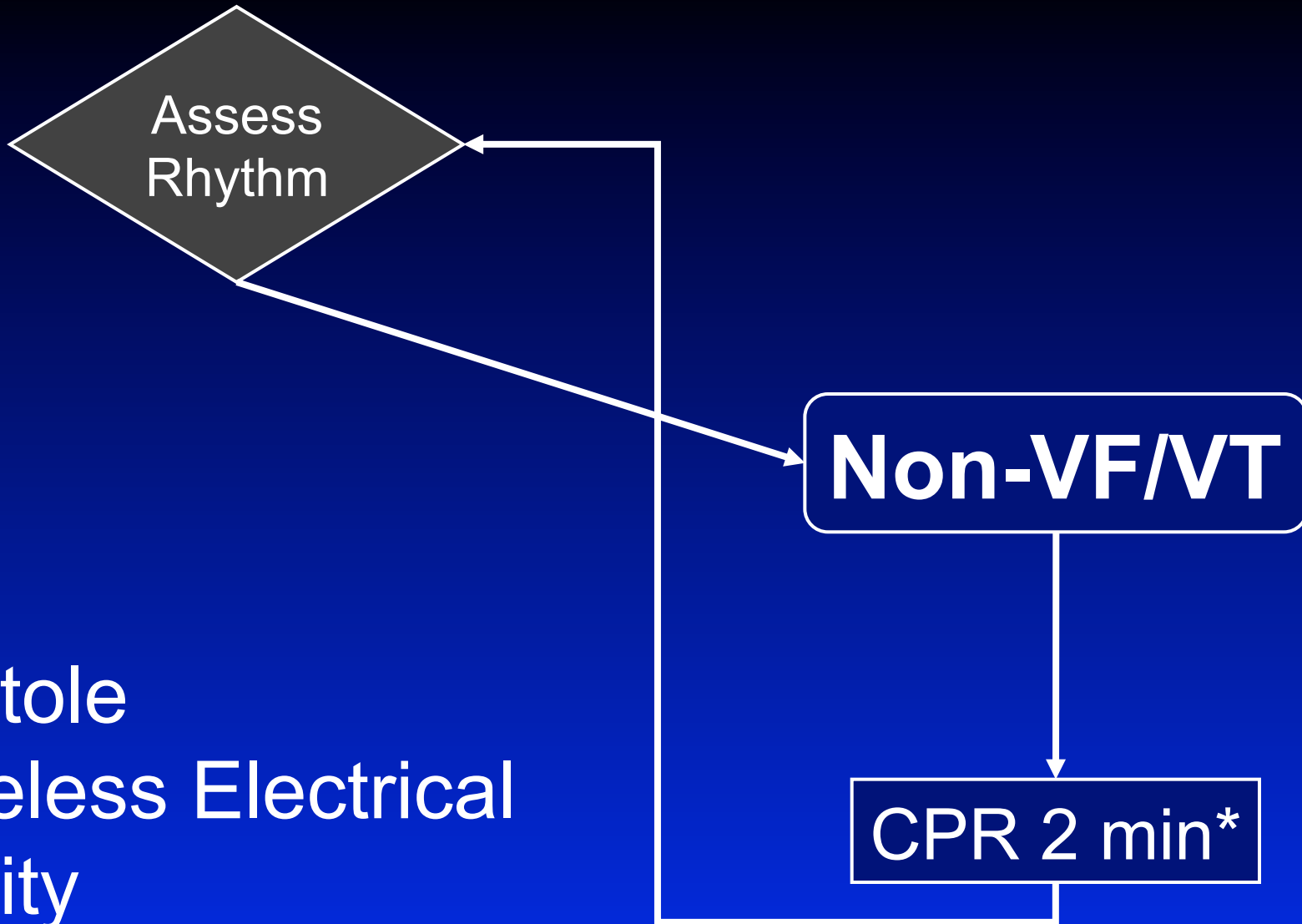
VF/VT (continued)



Shock 200 J biphasic
or
Shock 360 J monophasic

- Epinephrine every 3 minutes (first dose after the third shock)
- Consider paddle positions

Asystole
Pulseless Electrical
Activity



Potential reversible causes:

- Hypoxia
- Hypovolaemia
- Hypo/hyperkalaemia & metabolic disorders
- Hypothermia
- Tension pneumothorax
- Tamponade
- Toxic/therapeutic disorders
- Thrombo-embolic & mechanical obstruction

Asystole

- Confirm:
 - check leads - view via leads I and II
 - check gain
- Epinephrine 1 mg every 3 minutes

Pulseless electrical activity

- Exclude/treat reversible causes
- Epinephrine 1 mg every 3 minutes

Any Questions?