

**1 PULSELESS ARREST**

- BLS Algorithm: Call for help, give CPR
- Give **oxygen** when available
- Attach monitor/defibrillator when available

**2 Check Rhythm Shockable rhythm?**

**3 Shockable**  
**VF/VT**

**Not Shockable**  
**9 Asystole/PEA**

**4 Give 1 shock**

- Manual biphasic: device specific (Typically 120 to 200 J)  
Note: if unknown, use 200 J
- AED: device specific
- Monophasic: 360 J

**Resume CPR immediately**

**10 Resume CPR immediately for 5 cycles**  
When IV/IO available, give vasopressor

- **Epinephrine** 1 mg IV/IO  
**Repeat every 3 to 5 min**
- or*
- May give 1 dose of **vasopressin** 40 U IV/IO to replace first or second dose of **epinephrine**

Consider **atropine** 1 mg IV/IO for asystole or slow PEA rate  
Repeat every 3 to 5 min (up to 3 doses)

**5 Give 5 cycles of CPR\***  
**Check Rhythm Shockable rhythm?**

**6 Shockable**

Continue with CPR while defibrillator is charging  
**Give 1 shock**

- Manual biphasic: device specific (same as first shock or higher dose)  
Note: if unknown, use 200 J
- AED: device specific
- Monophasic: 360 J

**Resume CPR immediately after the shock**  
When IV/IO available, give vasopressor during CPR (before or after the shock)

- **Epinephrine** 1mg IV/IO  
**Repeat every 3 to 5 min**
- or*
- May give 1 dose of **vasopressin** 40 U IV/IO to replace first or second dose of **epinephrine**

**11 Give 5 cycles of CPR\***  
**Check Rhythm Shockable rhythm?**

**7 Give 5 cycles of CPR\***  
**Check Rhythm Shockable rhythm?**

**8 Shockable**

Continue with CPR while defibrillator is charging  
**Give 1 shock**

- Manual biphasic: device specific (same as first shock or higher dose)  
Note: if unknown, use 200 J
- AED: device specific
- Monophasic: 360 J

**Resume CPR immediately after the shock**  
Consider **antirhythmics**; give during CPR (before or after the shock)

- **amiodarone** (300 mg IV/IO once, then consider additional 150 mg IV/IO once) or **lidocaine** (1 to 1.5 mg/kg first dose, then 0.5 to 0.75 mg/kg IV/IO, maximum 3 doses or 3 mg/kg)

Consider **magnesium**, loading dose 1 to 2 g IV/IO for torsades de pointes  
**After 5 cycles of CPR,\* go to Box 5 above**

**12 Not Shockable**

- If asystole, go to **Box 10**
- If electrical activity, check pulse, If no pulse, go to **Box 10**
- If pulse present, begin postresuscitation care

**13 Shockable**  
**Go to Box 4**

**During CPR**

- **Push hard and fast (100/min)**
- **Ensure full check recoil**
- **Minimize interruptions in chest**
- **Compressions**
- One cycle of CPR: 30 compressions then 2 breaths; 5 cycles = 2 min
- Avoid hyperventilation
- Secure airway and confirm placement

★After an advanced airway is placed, rescuers no longer deliver "cycles" of CPR. Given continuous chest compressions without pauses for breaths. Give 8 to 10 breaths/minute. Check rhythm every 2 minutes.

- **Rotate compressors every 2 minutes with rhythm checks**
- **Search for and treat possible contributing factors**
- Hypovolemia
- Hypoxia
- Hydrogen ion (acidosis)
- Hypo- /hyperkalemia
- Hypoglycemia
- Hypothermia
- Toxins
- Tamponade, cardiac
- Tension pneumothorax
- Thrombosis (coronary or pulmonary)
- Trauma