

# EMERGENCY ACTION CARD

## Cardiac Arrest

v1.2

Follow the latest Advanced Life Support guidelines (algorithm on next page). See Maternal Cardiac Arrest EAC for obstetric-specific information.

### START: IMMEDIATELY NOTIFY DRIVER, STOP SAFELY

#### 1 Immediate actions

- Commence CPR
- Apply pads and defibrillate as necessary (Box B)
- Note time
- If TP-delivered: ask driver to call 999 and assist with CPR

#### 2 Adequate oxygen delivery

- Give 100% oxygen

#### 3 Airway and breathing

- Own airway: insert i-gel or intubate
- ETT/trache: confirm position
- Ensure ventilator function adequate or manually ventilate with Mapleson C system (Water's system)
- Use waveform capnography in all patients

#### 4 Circulation

- Ensure patency of IV access, consider IO
- Administer cardiac arrest drugs as indicated (Box C)
- Continue CPR as required (rotate personnel as able)

#### 5 Evaluate potential causes and act accordingly

- 4Hs / 4Ts / specific problems (Box D)
- Consider ALS-compliant echo

#### 6 Post-resuscitation care

- Optimise ventilation and oxygenation
- Optimise perfusion
- Ensure adequate sedation, analgesia and paralysis
- Treat underlying cause (if able)

#### 7 Next steps

- ROSC – follow Key Basic Plan
- Death – follow EAC: Death During Transfer

#### Box A: CRITICAL CHANGES

- If problem worsens significantly, or a new problem arises, go back to **START** of Key Basic Plan
- If Transfer Practitioner or Transfer Doctor transfer, contact Remote Duty Consultant
- Consider contacting Leadership SPOC for support, if required

#### Box B: DEFIBRILLATION

- ZOLL X-Series automatically gives 120J then increments through 150J and 200J for subsequent shocks

#### Box C: DRUGS FOR CARDIAC ARREST

- Adrenaline 1mg (post-ROSC increments 10-100mcg)
- Amiodarone 300mg (after 3rd shock) and 150mg (after 5th shock)
- Magnesium 2g for polymorphic VT/hypomagnesaemia
- Calcium chloride 10ml 10% for hypocalcaemia or hyperkalaemia
- Fluid bolus 500ml

#### BOX D: POTENTIAL CAUSES

##### 4 H's, 4 T's:

Hypoxia (→ EAC)  
Hypovolaemia (→ EAC)  
Hypo/hyperkalaemia  
Hypothermia  
Tamponade  
Thrombosis  
Toxins  
Tension pneumothorax

##### Specific problems:

Acidosis  
Interruption to RRT  
IABP problems (→ QRC)  
Seizure (→ EAC)  
Critical intracranial pressure (→ EAC)  
Anaphylaxis (→ EAC)  
Drug error

#### BOX E: DO NOT FORGET

- Uterine displacement in pregnancy (>20/40 weeks)
- IABP – change triggering from ECG to pressure