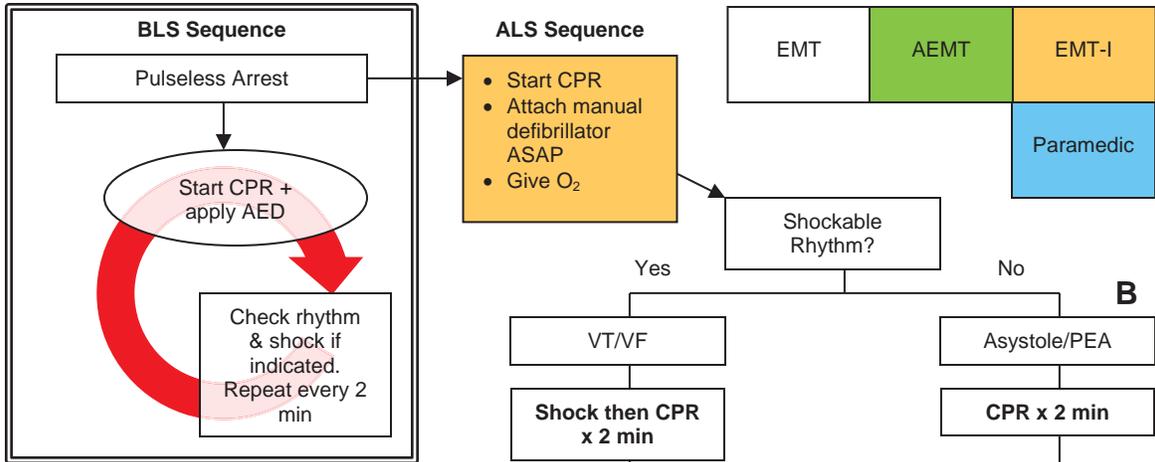


3000 UNIVERSAL PULSELESS ARREST ALGORITHM



- Reversible Causes:**
- Hypovolemia
 - Hypoxia
 - Hydrogen ion (acidosis)
 - Hypo/hyperkalemia
 - Hypothermia
 - Tension pneumothorax
 - Tamponade, cardiac
 - Toxins
 - Thrombosis (pulmonary, coronary)

- Defibrillation**
- EMT + AEMT use AED
 - Intermediate and Paramedic use manual defibrillator

- Mechanical CPR Devices:**
- During operation of these devices patients may show signs of consciousness such as eye or arm movement with absent vital signs
 - Consider administering a benzodiazepine if patient appears agitated even with absent vital signs
 - Devices generally need to only be stopped for ECG analysis; keep the device operating and check for asynchronous pulse

A

Shockable Rhythm?

Yes → Shock then CPR x 2 min → Epinephrine every 3-5 min → Shockable Rhythm?

No → If asystole, go to box B; If organized rhythm, check pulse. If no pulse, go to box B; If ROSC, begin post-cardiac arrest care

B

Asystole/PEA → CPR x 2 min → Start IV/IO, Epinephrine → Shockable Rhythm?

Yes → Go to Box A

- Suspected hyperkalemic arrest (renal failure/dialysis patient):**
- Give IV calcium
 - Give IV sodium bicarb
 - Flush IV line between meds