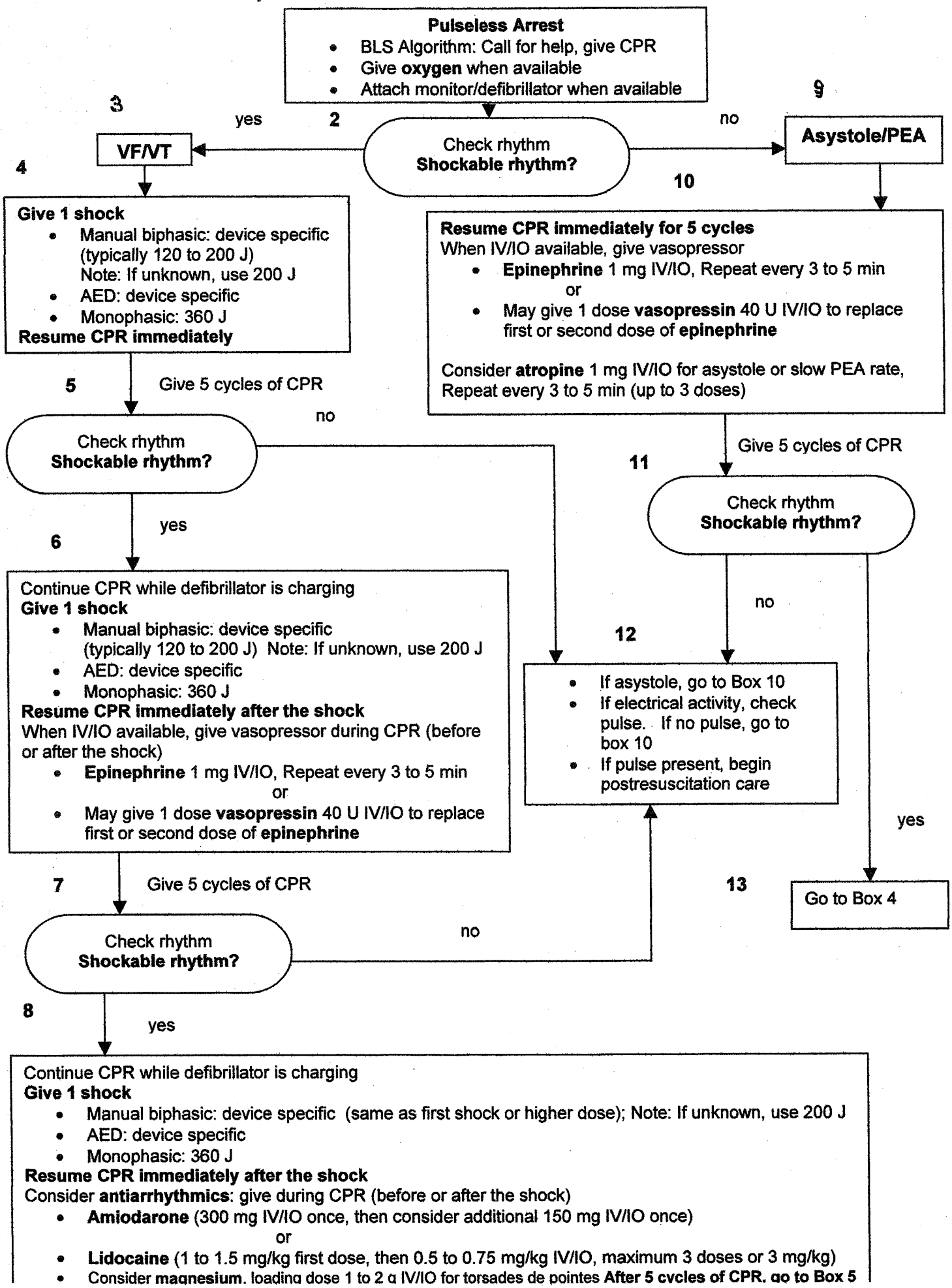
Pulseless Arrest
BLS Algorithm: Call for help, give CPR
Give oxygen when available
Attach monitor/defibrillator when available
2
Check rhythm
Shockable rhythm?
yes
3
VF/VT
4
Give 1 shock
Manual biphasic: device specific (typically 120 to 200 J)
Note: If unknown, use 200 J
AED: device specific
Monophasic: 360 J
Resume CPR immediately
5
Give 5 cycles of CPR
Check rhythm
Shockable rhythm?
no
yes
6
Continue CPR while defibrillator is charging
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 after the shock
When IV/IO available, give vasopressor during CPR (before or after the shock)
Epinephrine 1 mg IV/IO, Repeat every 3 to 5 min
or
May give 1 dose vasopressin 40 U IV/IO to replace first or second dose of epinephrine
7
Give 5 cycles of CPR
Check rhythm
Shockable rhythm?
no
8
yes
Continue 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 antiarrhythmics: 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
no
9
Asystole/PEA
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 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)
Give 5 cycles of CPR
11
Check rhythm
Shockable rhythm?
no
12
If asystole, go to Box 10
If electrical activity, check pulse. If no pulse, go to box 10
If pulse present, begin postresuscitation care
yes
13
Go to Box 4