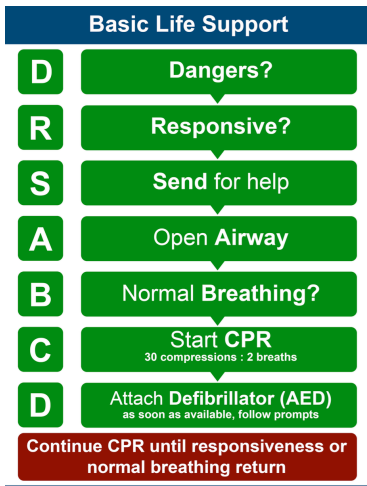
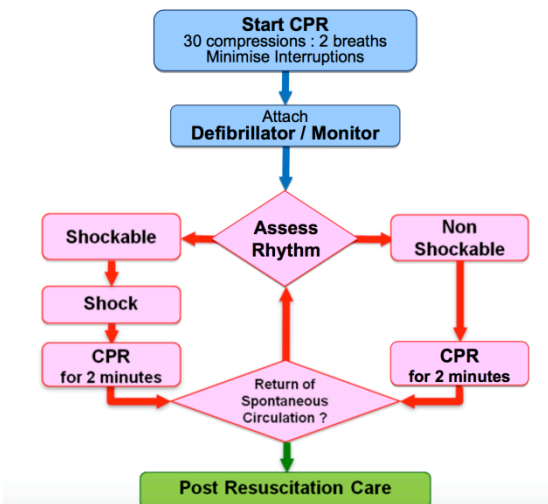


Resus Summary



Advanced Life Support for Adults



During CPR

Airway adjuncts (LMA / ETT)
Oxygen
Waveform capnography
IV / IO access
Plan actions before interrupting compressions
(e.g. charge manual defibrillator)
Drugs
Shockable
* Adrenaline 1 mg after 2nd shock
(then every 2nd loop)
* Amiodarone 300 mg after 3rd shock
Non Shockable
* Adrenaline 1 mg immediately
(then every 2nd loop)

Consider and Correct

Hypoxia
Hypovolaemia
Hyper / hypokalaemia / metabolic disorders
Hypothermia / hyperthermia
Tension pneumothorax
Tamponade
Toxins
Thrombosis (pulmonary / coronary)

Post Resuscitation Care

Re-evaluate ABCDE
12 lead ECG
Treat precipitating causes
Re-evaluate oxygenation and ventilation
Temperature control (cool)

D – Danger

- Safety – personal protective equipment (PPE)
- Ergonomics – put bed head down, release air mattress, get stool for CPR

R – Response

- Upper trapezius muscle squeeze
- COWS – Can you hear me? Open your eyes,
What's your name? Squeeze my hand

S – Send for help

- Call out “I need some help in here!”
- Emergency buzzer & Press Code/MET call

A – Airway

- Positioning (head tilt, jaw thrust, chin lift)
- Clear obstruction (Yankeur suction for fluid, Magill's forceps for solid)
- Adjuncts (Nasopharyngeal airway, Guedels, Laryngeal Mask Airway)
- Intubate only after ROSC (ETT size = age/4 + 4) (depth = age/2 + 12)

B – Breathing

- High flow nasal prong oxygen at 15L/min
- Bag valve mask ventilation at 15L/min
- In-line capnography to measure CO₂

C – Circulation

- CPR position – lower 1/2 of sternum, compress 1/3 depth of chest
- Newborns encircling, infants 2 fingers, child heel of hand, adult two hands
- Compressions 100 BPPM (30:2 adult, 15:2 children, 3:1 neonate <28 days)
- Continuous compressions if advanced airway secured (12 breaths/min)
- IV/IO access & VBG (ETT access for adrenalin & atropine (3x dose of meds)
- Cease CPR when signs of life

D – Drugs

- Adrenalin 1mg (10mcg/kg IV 1:10,000)
 - Non-shockable – give immediately, then every 2nd cycle
 - Shockable – give after 2nd cycle then every 2nd cycle
- Amiodarone 300mg (5mg/kg IV) after 3rd cycle (only for shockable)
- Magnesium 0.1 mmol/kg (10mmol) for polymorphic VT/Digoxin toxicity
- Potassium 0.1 mmol/kg (10mmol) for hypokalaemia
- Calcium Cl 6.8mmol or Gl 2.2mmol (10ml 10%) for hyperkalaemia
- Sodium Bicarbonate (50mmol 50ml) IV for TCA overdose

E – Electricity

- Defibrillation (For shockable VF/VT) – 200J (4j/kg DC)
- External pacing (For symptomatic bradycardia)
 - Current (add 10mA after obtaining capture - often 80mA)
 - Rate (often 80bpm)

F – Four H's, Four T's

Hypovolaemia	Tamponade
Hypoxia	Tension pneumothorax
Hypo/Hyperkalaemia	Toxins
Hypothermia	Thrombosis

G – Glucose

- 25-50 ml 50% Dextrose if IV access
- 1mg Glucagon IM if no IV access

Post resuscitation care

- Intubation
- NG/IDC
- IV fluid
- Inotropes
- CXR/ECG
- Temperature
(Cool only to normothermia not hypothermia)

Age & Formulas – Neonate (birth - 28 days), Infant (1 - 12 months), Child (1 - 14 yrs)

Calculate tube sizes using the 1,2,3,4 rule

(eg. For a 4 year old child, see calculations below):

- 1 x ETT = (age/4) + 4 (for *uncuffed* tubes) ie 5-0 for a 4 year old
- 2 x ETT = NG / OG/ Foley size ie 10 Fr NG / OG tube
- 3 x ETT = depth of ETT insertion ie 15cm ETT depth
- 4 x ETT = maximum chest tube size ie 20 Fr chest tube