

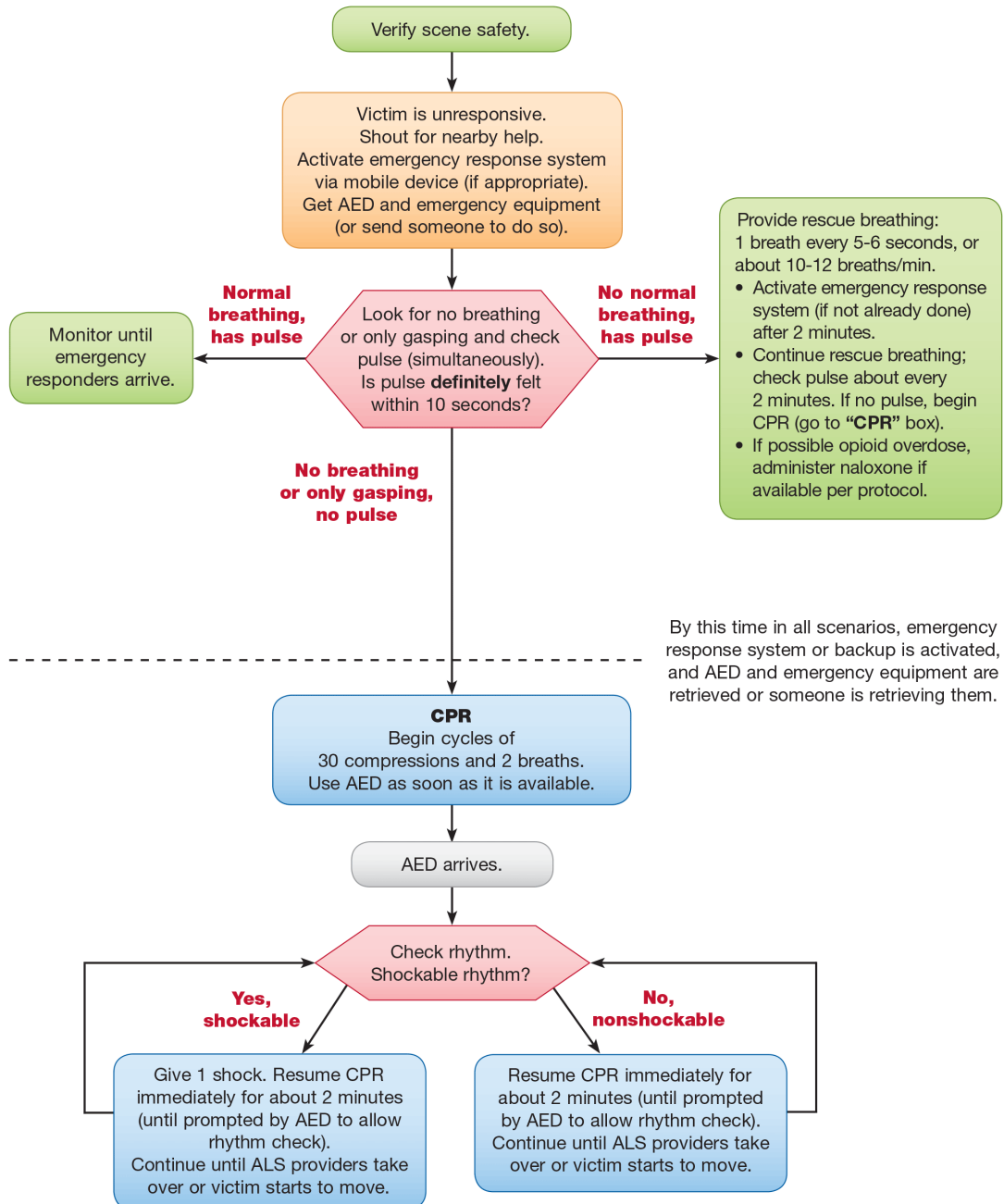
Protocol 2-6

SECTION: Adult Cardiovascular Emergencies

PROTOCOL TITLE: Cardiac Arrest – Unknown Rhythm (i.e. BLS)

REVISED: 01/2018

BLS Healthcare Provider Adult Cardiac Arrest Algorithm—2015 Update



POSSIBLE CAUSES OF PULSELESS ARREST

A	Alcohol, Abuse, Acidosis	T	Toxidromes, Trauma, Temperature, Tumor
E	Endocrine, Electrolytes, Encephalopathy	I	Infection, Intussusception
I	Insulin	P	Psychogenic, Porphyria, Pharmacological
O	Oxygenation, Overdose, Opiates	S	Space occupying lesion, Sepsis, Seizure, Shock
U	Uremia		

PEARLS:

1. If airway is maintainable initially with a BVM, delay rescue airway insertion until after initial defibrillation. The best airway is an effective airway with the least potential complications.
2. Continue CPR while AED is charging.
3. CPR should not be stopped for any reason, if at all avoidable, other than to check for rhythm post-defibrillation. Any stop of compressions should be kept as short as possible, preferably a maximum of 10 seconds.
4. Rescue airway placement should be performed during compressions.
5. Pay close attention to rate of manual ventilation. The rate should be maintained at 8 - 10 breaths per minute. Hyperventilation should be avoided because it decreases preload, cardiac output, coronary perfusion, and cerebral blood flow. The oxygenation goal is to maintain a SPO₂ of 94 - 99% throughout resuscitation.