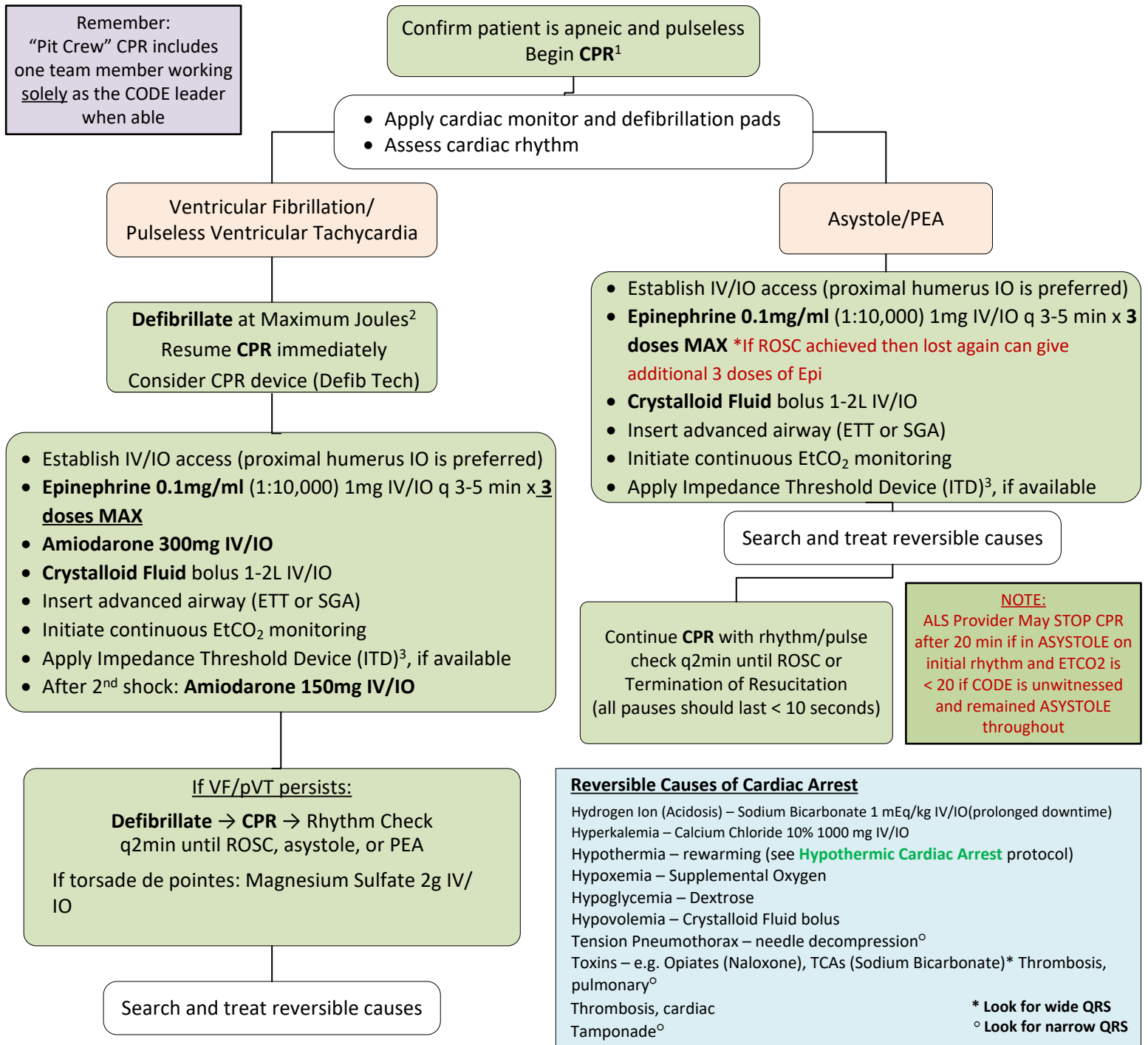


Cardiac Arrest



Promptly initiating and maintaining effective and continuous chest compressions is most important – CPR is a treatment!

Airway management should not interfere with chest compressions or defibrillation. Provide ventilations at 10 breaths per minute.

¹ In cases of witnessed arrest or adequate & uninterrupted bystander CPR performed prior to first responder arrival, it is reasonable to defibrillate as soon as possible after chest compressions are initiated. **CPR should not be delayed while applying pads or charging.**

² Maximum dosing is determined by the defibrillator's manufacturer guidelines. If unknown, use the highest setting possible.

³ An impedance threshold device prevents unnecessary air from entering the lungs during the decompression phase of CPR – this decreases pressure and allows more blood to return back to the heart. Remove the ITD upon return of spontaneous circulation.

- The effectiveness of CPR decreases with movement. Resuscitation should occur on-scene if it is safe and operationally possible.
- Rarely, effective CPR can induce varying states of consciousness (e.g. eye opening, speech, spontaneous movement). Also consider pseudo-PEA (i.e. severe shock) in these patients and monitor closely for ROSC.
- **Cardiac arrest in pregnancy:** Focus on high-quality CPR and left lateral uterine displacement. Defibrillate the same as non-pregnant patients. Consider early transport for peri-mortem C-section. See **Cardiac Preambles** and/or consult **Medical Control** for further guidance.

Chris Brown