



### CPR Technique

**Depth:** Hard & fast, 2in (5cm).  
**Rate:** 100-120 per minute.  
**Ratio:** 30:2 compressions to breaths (If no advanced airway). Attempt to minimize interruptions. Rotate compressions provider every 2 minutes or if fatigued. Avoid excessive ventilation.  
**Capnography Evaluation:** If PETCO<sub>2</sub> is <10mmHg improve the CPR quality.  
**Intra-Arterial Pressure Evaluation:** If diastolic pressure is <20mmHg improve the CPR quality.

### Defibrillation

Monophasic: 360J  
Biphasic: follow manufacturer recommendations (eg. first shock 120-200J). If recommended joules is unknown, use the maximum available. Following shocks give equal joules with higher joules considered.

### Medication Therapy

**Epinephrine:**  
1mg IV/IO every 3-5 minutes.  
**Amiodarone:**  
1st dose 300mg IV/IO bolus.  
2nd dose 150mg IV/IO bolus.

### Advanced Airway

Provide ETT or subglottic airway. Confirm placement and monitor with capnography or capnometry. With an advanced airway, provide 1 breath every 6 seconds without stopping chest compressions.

### Return of Spontaneous Circulation

Palpable pulse and blood pressure.  
Sustained improvement in PETCO<sub>2</sub> (generally ≥ 40mmHg).  
Intra-arterial monitoring showing spontaneous arterial pressure waves.

### Possible Causes

- Acidosis
- Cardiac tamponade
- Coronary thrombosis
- Hyperkalemia/Hypokalemia
- Hypothermia
- Hypovolemia
- Hypoxia
- Pulmonary thrombosis
- Tension pneumothorax
- Toxins