Start CPR
- Give oxygen
- Attach monitor/defibrillator

Rhythm shockable?

Yes

VF/pVT

No

CPR 2 min
- IV/IO access

Shock

CPR 2 min
- Epinephrine every 3-5 min
- Consider advanced airway, capnography

Rhythm shockable?

Yes

No

CPR 2 min
- Amiodarone
- Treat reversible causes

Shock

CPR 2 min
- IV/IO access
- Epinephrine every 3-5 min
- Consider advanced airway, capnography

Rhythm shockable?

Yes

No

CPR 2 min
- Treat reversible causes

Rhythm shockable?

Yes

No

Asystole/PEA

Shock Energy for Defibrillation
- Biphasic: Manufacturer recommendation (eg, initial dose of 120-200 J); if unknown, use maximum available. Second and subsequent doses should be equivalent, and higher doses may be considered.
- Monophasic: 360 J

Drug Therapy
- Epinephrine IV/IO dose: 1 mg every 3-5 minutes
- Amiodarone IV/IO dose: First dose: 300 mg bolus. Second dose: 150 mg.

Advanced Airway
- Endotracheal intubation or supraglottic advanced airway
- Waveform capnography or capnometry to confirm and monitor ET tube placement
- Once advanced airway in place, give 1 breath every 6 seconds (10 breaths/min) with continuous chest compressions

Return of Spontaneous Circulation (ROSC)
- Pulse and blood pressure
- Abrupt sustained increase in PETCO2, typically ≥40 mm Hg
- Spontaneous arterial pressure waves with intra-arterial monitoring

Reversible Causes
- Hypovolemia
- Hypoxia
- Hydrogen ion (acidosis)
- Hypo-/hyperkalemia
- Hypothermia
- Tension pneumothorax
- Tamponade, cardiac
- Toxins
- Thrombosis, pulmonary
- Thrombosis, coronary

CPR Quality
- Push hard (at least 2 inches [5 cm]) and fast (100-120/min) and allow complete chest recoil.
- Minimize interruptions in compressions.
- Avoid excessive ventilation.
- Rotate compressor every 2 minutes, or sooner if fatigued.
- If no advanced airway, 30:2 compression-ventilation ratio.
- Quantitative waveform capnography:
  - If PETCO2 <10 mm Hg, attempt to improve CPR quality.
- Intravascular pressure:
  - If relaxation phase (diastolic) pressure <20 mm Hg, attempt to improve CPR quality.

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