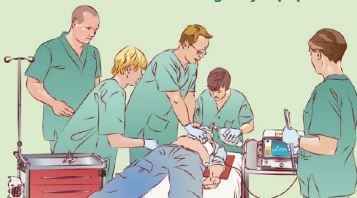


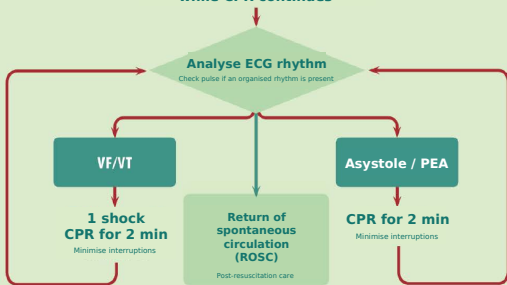
ADULT ALS

Adult advanced life support

**Confirm cardiac arrest, call for help,
start CPR and obtain emergency equipment**



**Switch on and attach the defibrillator
while CPR continues**



ACTIONS DURING CPR

- Use a CPR board on a soft surface
- Consider a laryngeal mask or endotracheal intubation during CPR
- Give continuous chest compressions if the patient is intubated
- Monitor the EtCO₂ waveform in intubated patients
- Consider ultrasound to identify reversible causes
- Consider mechanical chest compressions when high-quality manual compressions cannot be maintained, or during transport
- Document interventions and times
- Support relatives and offer them the opportunity to be present with staff

DRUGS DURING CPR

- Establish intravenous or intraosseous access

For VF/VT:

- Give adrenaline 1 mg IV/IO after the 3rd shock and then every 4 min
- Give amiodarone 300 mg IV/IO after the 3rd shock and a further 150 mg after the 5th shock

For asystole/PEA:

- Give adrenaline 1 mg IV/IO as soon as possible and then every 4 min

CORRECT REVERSIBLE CAUSES DURING CPR

- Hypoxia
- Hypovolaemia
- Hypo-/hyperkalaemia
- Hypothermia
- Thromboembolism
- Tension pneumothorax
- Cardiac tamponade
- Toxic causes

IF ALS IS INSUFFICIENT

- Consider coronary angiography during CPR in selected cases
- Consider ECMO in selected cases

POST-RESUSCITATION CARE

- Assess and manage according to ABCDE
- Normoventilation, SpO₂ 94-98%
- 12-lead ECG: consider urgent coronary angiography
- Temperature control 32-36°C
- Treat the underlying cause