

Advanced Life Support Algorithm

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- All Staff donned in proper PPE
- Limited staff in the room

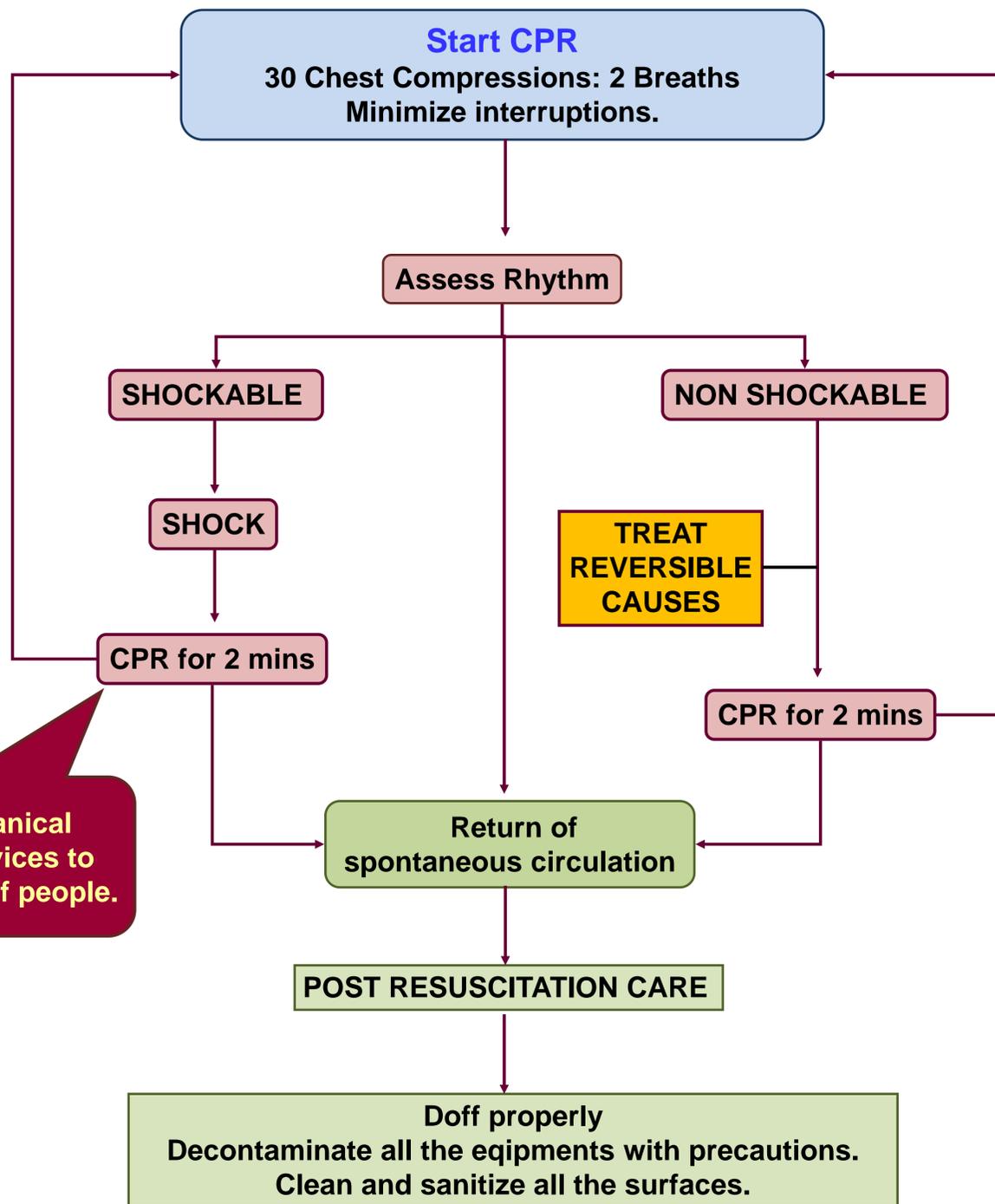
Recognition of Cardiac Arrest

- Response: Look for absence of sign of life and normal breathing
- Call for help.
- Airway: Open mouth and apply oxygen through bag mask, if not intubated. Secure airway at earliest.
- Breathing: Don't check and feel for breathing by putting your hand or ear close to the patient's mouth.
- Attach monitors/ Defibrillator.

AIRWAY

- 2 Handed BMV with viral filter, etCO₂.
- NO BAGGING.
- Intubate at earliest with viral filter and etCO₂.
- SAD as back up or to delay the intubation.

Consider Mechanical Compression devices to minimize number of people.



DRUGS

Shockable:

- Epinephrine IV/IO dose: 1 mg after second shock, then in every 2nd loop.
- Amiodarone IV/IO dose: First dose: 300 mg bolus after 3 shocks. Second dose: 150 mg. or
- Lidocaine IV/IO dose: First dose: 1-1.5 mg/kg. Second dose: 0.5-0.75 mg/kg.

Non Shockable:

- Epinephrine 1mg immediately, then repeat in every second loop.

Consider and correct:

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

Return of Spontaneous Circulation

- Pulse and blood pressure
- Abrupt sustained increase in Petco₂ (typically ≥ 40 mm Hg)
- Spontaneous arterial pressure waves with intra-arterial monitoring.

Post Resuscitation Care

- 12 Lead ECG.
- Treat precipitating causes.
- Maintain normoglycaemia, normocapnia.
- Targeted temperature management.