

Immediate Management



IF Adult CARDIAC ARREST
Pulseless Electrical Activity, PEA

- ALS GUIDELINES for non-shockable rhythms
- 1 mg I.V. Adrenaline, Repeat 1 - 2 minutely prn
- Immediately start CPR. Elevate legs. 2 L Crystalloid

DR

Danger and Diagnosis
Response to stimulus

- Unresponsive hypotension or bronchospasm
- Remove triggers e.g. chlorhexidine, synthetic colloid
- Stop procedure. Use minimal volatile if GA

S

Send for help and
organise team

- Call for Help and Anaphylaxis box
- Assign a designated Leader and Scribe
- Assign a Reader of the cards

AB

Check/Secure Airway
Breathing - 100% oxygen

- Consider early intubation: airway oedema
- Confirm FiO₂ 100%

C

Rapid fluid bolus
Plan for large volume
resuscitation

- If hypotensive: Elevate legs
- Bolus 2L Crystalloid, Repeat as needed
- Large bore I.V. access. Warm I.V. fluids if possible

D

Adrenaline Bolus
Repeat as needed
Prepare Infusion

Initial I.V. Adrenaline Bolus (Adult)
Dilution 1 mg in 10 mL = 100 mcg/mL

- Give dose below every 1-2 minutes prn
- Increase dose if unresponsive

I.M. Adrenaline (Adult)

No I.V. access or haemodynamic monitoring
OR awaiting Adrenaline Infusion

1:1000 1mg/mL

500 mcg lateral thigh

Every 5 minutes prn

Moderate
(Grade 2)

20 mcg
= 0.2 mL

Life Threatening
(Grade 3)

100-200 mcg
= 1-2 mL

Adrenaline INFUSION (Adult)

>3 boluses of Adrenaline start infusion

Can be administered peripherally

3 mg Adrenaline in 50 mL saline

Commence at 3 mL/hr = 3 mcg/min

Titrate to max. 40 mL/hr = 40 mcg/min

(Infusion rate 0.05 - 0.5 mcg/kg/min)

If NOT RESPONDING see 'Refractory Management'