

**Defibrillation Energy Doses****Biphasic:**

Per manufacturer's recommendations (e.g., 120 to 200 J) or if unknown, max available; subsequent doses equal to or greater than first dose

**Monophasic:**

360 J for all doses

**Medications****Epinephrine**

- 1 mg IV/IO bolus every 3 to 5 min

**Amiodarone**

- First dose: 300 mg IV/IO bolus
- Second dose: 150 mg IV/IO after 3 to 5 min

**Lidocaine**

- First dose: 1 to 1.5 mg/kg IV/IO
- Subsequent doses: 0.5 to 0.75 mg/kg IV/IO every 5 to 10 min, up to a max dose of 3 mg/kg

**Hs and Ts**

- Hypovolemia
- Hypoxemia
- Hydrogen ion excess (acidosis)
- Hyperkalemia/hypokalemia
- Hypothermia
- Hyperglycemia/hypoglycemia
- Tamponade (cardiac)
- Tension pneumothorax
- Thrombosis (pulmonary embolism)
- Thrombosis (myocardial infarction)
- Toxins

**High-Quality CPR**

- Compress at a rate of 100–120 compressions per min and a depth of at least 2 in (5 cm); allow for full chest recoil.
- Minimize interruptions to compressions to less than 10 sec.
- Avoid excessive ventilations. Each ventilation should last about 1 sec and make the chest begin to rise.
- If an advanced airway is in place, provide continuous compressions with 1 ventilation every 6 sec.
- Rotate compressor every 2 min.
- Monitor CPR quality with ET<sub>CO</sub><sub>2</sub> or arterial blood pressure (if available).

**Signs of ROSC**

- A palpable central pulse and measurable blood pressure
- A sudden and sustained increase in ET<sub>CO</sub><sub>2</sub> to a value of 35 to 40 mmHg, or an arterial pulse waveform on an arterial line when no compressions are being delivered
- Additional signs of life, such as patient movement, spontaneous respirations or coughing

