Cardiac Arrest Checklist

🚨 1. Initial Response (0–2 min)

- ☐ Confirm unresponsiveness & abnormal/no breathing
- ☐ Initiate high-quality CPR (hard, fast, full recoil, <10 sec pause)
- ☐ Attach monitor/defib – analyze rhythm
- ☐ Defibrillate if VF/pVT, then resume CPR immediately
- ☐ Secure airway positioning, insert OPA/NPA
- ☐ Apply BVM with high-flow O_2 (15 LPM, two-person if possible)
- ☐ Establish $ETCO_2$ monitoring
- ☐ Attach suction & prepare airway gear

🧪 2. Airway & Vascular Access (2–5 min)

- ☐ Attempt vascular access (IV/IO) – max 2 attempts, then IO
- ☐ Prepare and administer **epinephrine 1mg IV/IO q3–5 min**
- ☐ Begin airway plan:
    - BLS: 2-person BVM w/ PEEP valve (≤5 cm H_2O if used)
    - ALS: Confirm supraglottic airway (iGel preferred)
    - Consider ETT if trained & scene conditions ideal
- ☐ Ventilate 1 breath every 6 seconds once advanced airway in place
- ☐ Confirm placement with **$ETCO_2$**, continuous waveform preferred

💡 3. Rhythm Check (Every 2 min)

- ☐ Pause CPR **<10 sec** only to assess rhythm
- ☐ Defibrillate if indicated (VF/pVT) – resume compressions immediately
- ☐ Non-shockable: Resume compressions and continue ACLS cycle
- ☐ Reassess $ETCO_2$ (>10 mmHg suggests perfusion; rising = ROSC)
- ☐ Switch compressor every 2 min (fatigue = ↓ output)

🧬 4. Reversible Causes (H's & T's)

🔍 Treat underlying cause if suspected:

H's

- ☐ Hypoxia – optimize oxygenation
- ☐ Hypovolemia – give fluid challenge
- ☐ Hydrogen ion (acidosis) – consider sodium bicarbonate if prolonged arrest
- ☐ Hypo-/hyperkalemia – consider calcium & bicarbonate for hyperK⁺
- ☐ Hypothermia – begin rewarming protocol

T's

- ☐ Tension pneumothorax – needle decompression
- ☐ Tamponade – rapid transport
- ☐ Toxins – antidote if known
- ☐ Thrombosis (PE/MI) – early transport, notify receiving facility
- ☐ Trauma – consider traumatic arrest protocol

📦 6. Documentation Checklist

🖊️ Record:

- ☐ Times of rhythm changes and defibrillation
- ☐ Medications with time and route
- ☐ $ETCO_2$ values
- ☐ Airway interventions and confirmation
- ☐ CPR quality (feedback devices if available)
- ☐ ROSC or termination details
- ☐ Bystander CPR or AED use