For All Sudden Cardiac Arrests

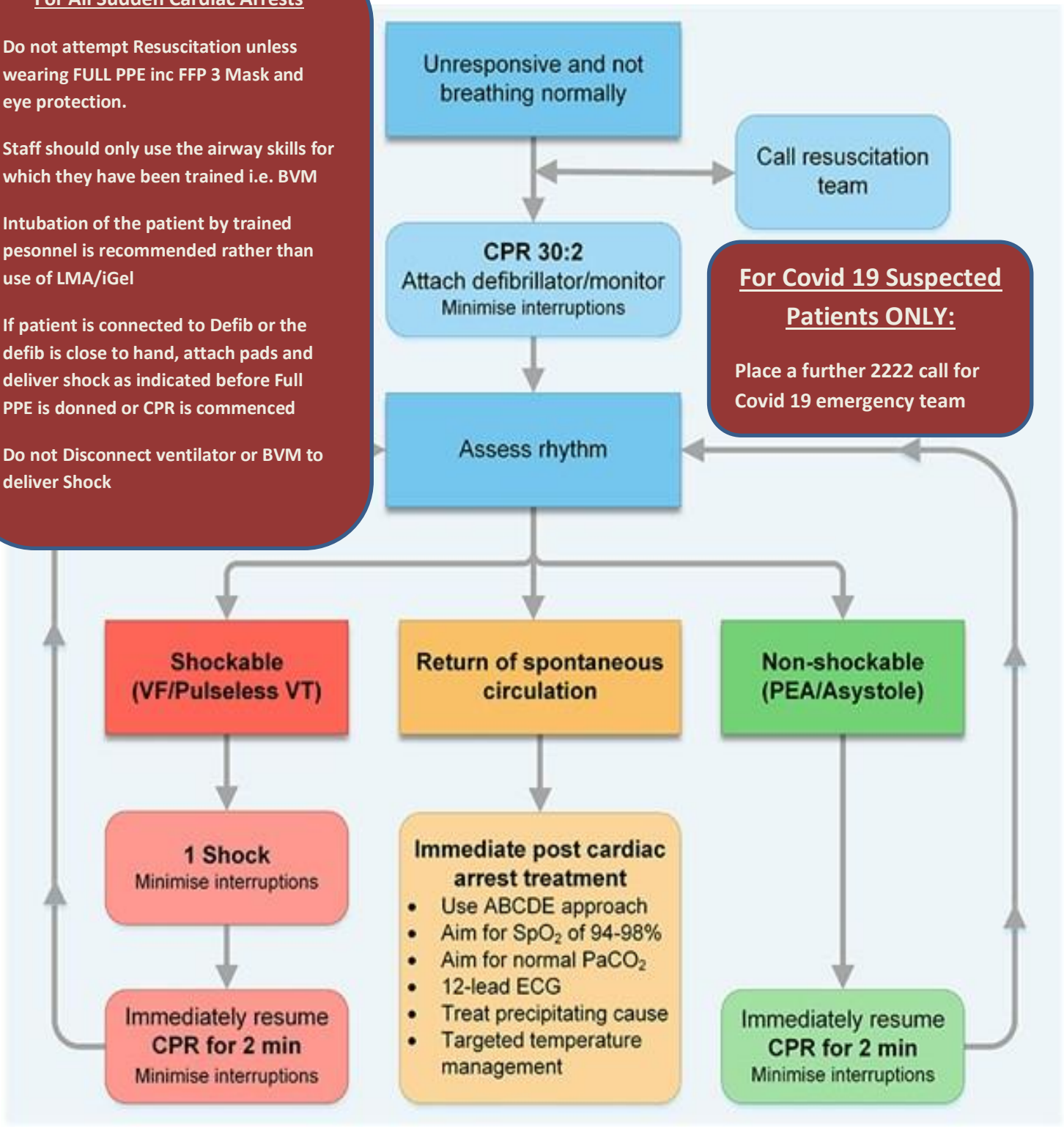
Do not attempt Resuscitation unless wearing FULL PPE inc FFP 3 Mask and eye protection.

Staff should only use the airway skills for which they have been trained i.e. BVM

Intubation of the patient by trained pesonnel is recommended rather than use of LMA/iGel

If patient is connected to Defib or the defib is close to hand, attach pads and deliver shock as indicated before Full PPE is donned or CPR is commenced

Do not Disconnect ventilator or BVM to deliver Shock



For Covid 19 Suspected Patients ONLY:

Place a further 2222 call for Covid 19 emergency team

During CPR

- Ensure high quality chest compressions
- Minimise interruptions to compressions
- Give oxygen
- Use waveform capnography
- Continuous compressions when advanced airway in place
- Vascular access (intravenous or intraosseous)
- Give adrenaline every 3-5 min
- Give amiodarone after 3 shocks

Treat Reversible Causes

- Hypoxia
- Hypovolaemia
- Hypo-/hyperkalaemia/metabolic
- Hypothermia
- Thrombosis - coronary or pulmonary
- Tension pneumothorax
- Tamponade – cardiac
- Toxins

Consider

- Ultrasound imaging
- Mechanical chest compressions to facilitate transfer/treatment
- Coronary angiography and percutaneous coronary intervention
- Extracorporeal CPR