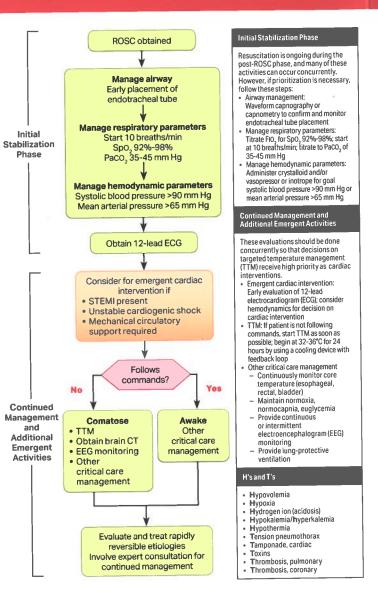
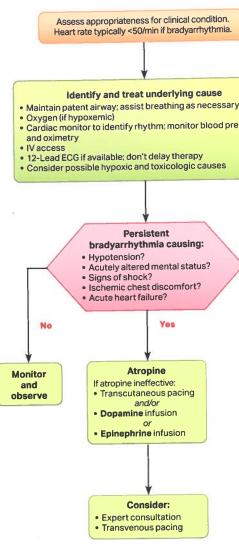
Adult Post-Cardiac Arrest Care Algorithm

Adult Bradycardia Algorithm

Adult Tachycardia With a Pulse Algorithm





 Maintain patent airway; assist breathing as necessary Cardiac monitor to identify rhythm; monitor blood pressure Doses/Details Atropine IV dose: First dose: 1 mg bolus. Repeat every 3-5 minutes. Maximum: 3 mg. Dopamine IV infusion: Usual infusion rate is 5-20 mcg/kg per minute. Titrate to patient response; taper slowly. Epinephrine IV infusion: 2-10 mcg per minute infusion. Titrate to patient response. Causes: Mvocardial ischemia/infarction Drugs/toxicologic (eg, calcium-channel blockers, beta blockers, digoxin) Hypoxia Electrolyte abnormality (eg, hyperkalemia)

Doses/Details Assess appropriateness for clinical condition. Heart rate typically ≥150/min if tachyarrhythmia. Synchronized cardioversion: Identify and treat underlying cause Maintain patent airway; assist breathing as success. necessary Oxygen (if hypoxemic) Cardiac monitor to identify rhythm; monitor blood pressure and oximetry IV access required. • 12-lead ECG, if available Persistent tachyarrhythmia causing: • Hypotension? **Synchronized** Acutely altered cardioversion mental status? Consider sedation . Signs of shock? If regular narrow Ischemic chest 1-4 mg/min. Avoid if complex, consider discomfort? adenosine Acute heart Amiodarone IV dose: failure? Consider first 6 hours. Adenosine only Wide QRS? if regular and ≥0.12 second monomorphic Antiarrhythmic infusion Expert No consultation If refractory, consider Vagal maneuvers (if regular)

Adenosine (if regular)

B-Blocker or calcium

Consider expert consultation

channel blocker

Refer to your specific device's recommended energy level to maximize first shock

Adenosine IV dose:

First dose: 6 mg rapid IV push; follow with NS flush. Second dose: 12 mg if

Antiarrhythmic Infusions for Stable Wide-QRS Tachycardia

Procainamide IV dose: 20-50 mg/min until arrhythmia suppressed, hypotension ensues. QRS duration increases >50%, or maximum dose 17 mg/kg given. Maintenance infusion:

prolonged QT or CHF.

First dose: 150 mg over 10 minutes. Repeat as needed if VT recurs. Follow by maintenance infusion of 1 mg/min for

Sotalol IV dose:

100 mg (1.5 mg/kg) over 5 minutes. Avoid if prolonged QT.

- Underlying cause
- · Need to increase energy level for next cardioversion
- · Addition of anti-arrhythmic drug
- Expert consultation