

⑤ Blood results

	on arrival	post-ROSC	
pH			
pCO ₂			
BE			
HCO ₃ ⁻			
K			
Ca ²⁺			
Mg *			
Hb			
BM			

* If recent result available

⑥ Arrest details and preceding events

⑦ Long term conditions

omit if already recorded in patient's notes

include functional status

⑧ Medications

omit if already recorded in patient's notes

⑨ Key end-tidal CO₂ readings

on arrival

after 20min ALS
(if appropriate)

HH:MM

HH:MM

⑩ Team members

circle team leader's name and
underscore scribe's name

⑪ CPR interventions summary & outcome

include Rx for any reversible causes (boxes 9–16)
as well as any ECHO findings

⑫ Rescue treatment for severe electrolyte abnormalities

K > 5.9mmol/L

- Ca Chloride 10% 10mL
- Flush line with 0.9% saline (20mL minimum)
- Na Bicarbonate 8.4% 50mL (i.e. 50mmol)
- Actrapid 10 units
- Glucose 25g (either 10% 250mL or 50% 50mL)

K < 2.5mmol/L

- 0.9% saline 500mL with KCl 20mmol **over 10min**
- 0.9% saline 250mL with KCl 10mmol **over 10min**
- Mg Sulphate 50% 4mL (i.e. 2G) in 0.9% saline **over 20min**

Ca²⁺ > 1.4mmol/L

- 0.9% saline 1L
- Furosemide 1mg/kg
- Hydrocortisone 200mg

Ca²⁺ < 1.1mmol/L

- Ca Chloride 10% 10mL *up to 4 times*
- Mg Sulphate 50% 4mL (i.e. 2G) in 0.9% saline 96mL *up to twice*

Mg > 1.75mmol/L

- Ca Chloride 10% 10mL
- 0.9% saline 1L
- Furosemide 1mg/kg

Mg < 0.6mmol/L

- Mg Sulphate 50% 4mL (i.e. 2G) in 0.9% saline 96mL

further treatment after ROSC as per UHL guidance or expert advice as available

⑬ Hypothermia cause of arrest?

☐ **Yes** – as at least one of the below

Drowning ☐
Body temperature reads < 32°C ☐

Consider recommendations below

- Remove any cold wet clothing immediately
- **Until body temperature 30°C:**
 - Withhold Adrenaline
 - Shock only up to 3 times (all at 360J)
- **Until body temperature > 35°C:**
 - Double interval between Adrenaline doses
- Consider ECMO if temperature < 32°C; contact ECMO coordinator via Switchboard for advice
- Thoracic lavage rewarming via large chest tubes
 - 1st drain into LEFT 3rd ICS in MCL
 - 2nd drain into LEFT 6th ICS in midaxillary line
 - Run bags of 500mL warmed 0.9% saline into 1st drain at 4 bags/min; allow fluid to drain by gravity from 2nd drain
- NB: Avoid rewarming > 32°C if ROSC occurs

☐ **No**, as none of the above

⑭ Hypovolaemia suspected?

☐ **Yes** – due to one of the below

Obvious pregnancy ☐
Ruptured AAA ☐
Major trauma ☐
Diarrhoea ☐
GI bleed ☐
Other ☐

Consider recommendations below

- If > 19 weeks pregnant, start C-section after 4min of arrest and deliver by 5min
- Give 2L crystalloid STAT
- Up to 4 units O NEG if needed; see DMS 58397 - massive haemorrhage protocol

☐ **No** – not suspected

⑮ Hypoxia risk minimized?

☐ **Yes** – as **ALL** of the below

ETT, LMA or surgical airway in situ ☐
Ventilated with 100% Oxygen ☐
Chest rising adequately ☐
Bilateral breath sounds ☐

☐ **No** *give details*

⑯ Hyperkalaemia or another electrolyte derangement?

☐ **Yes** – at least one of the below

K > 5.9 ☐ Ca²⁺ > 1.4 ☐ Mg* > 1.75 ☐
< 2.5 ☐ < 1.1 ☐ < 0.6 ☐

* if recent result available

See box 20 for rescue treatment

☐ **No** – none of the above

⑰ Tension pneumothorax?

☐ **Yes**

→ Needle thoracocentesis **NOW**
followed by chest drain insertion

☐ **No**

⑱ Toxins or overdose?

☐ **Yes** – the below is known / suspected

Consider recommendations below

- TCA – give Na Bicarbonate 8.4% 50mL
- Cyanide (cardiac arrest after fire) – give Cyanokit (Hydroxocobalamin) 5G
- β-blocker / Ca-channel blocker / Digoxin – see 'ED bradycardia management tool'
- Most other poisons – standard CPR only
- Go to Toxbase.org for further guidance
- Call NPIS on **0844 892 0111** if needed

☐ **No** – history not suspicious

⑲ Tamponade suspected?

☐ **Yes** – as at least one of the below

Penetrating chest trauma ☐
→ rtPA (Actilyse®) 50mg IV STAT
→ Resuscitative thoracotomy **NOW** if output was lost within last 10min; otherwise discontinue CPR as futile

ECHO shows pericardial effusion ☐
→ Needle pericardiocentesis

☐ **No**

⑳ Thromboembolic event?

☐ **Yes** – the following is suspected

Massive PE ☐
→ rtPA (Actilyse®) 50mg IV STAT
NB: Only for patients in whom up to 90min of CPR and ITU care following ROSC are deemed to be appropriate

STEMI / NSTEMI on ECG before arrest ☐

☐ **No** – not suspected