



In-Hospital Cardiac Arrest

Adult Resuscitation

"I Call-a-CAB DRIVA"

<u>Code</u>	<u>Meaning</u>	<u>ACTIONS</u>
I	Identify <i>(Rescuer One)</i>	Check any unresponsive patient for cardiac arrest for 10s. No breathing, no movement, no pulse felt = cardiac arrest!
Call	Call	Need team of 3+staff. Call "Resus" 'til Rescuer Two hears!
C	Compressions <i>(Rescuer One)</i>	Chest compressions vital to get blood to the brain. Start at once. Never interrupt more than 10 seconds. Heels of hands on centre chest, lower half of sternum. Press down 5cm , then allow full re-expansion of chest. Rate 100-120/minute . Sets of 30 compressions. Rescuer One continues compressions-only 'til Two arrives. Get firm board under patient ASAP to improve effect. (When more staff are present, swap compressors often.)
A	Airway <i>(Rescuer Two)</i>	Open airway with Head-Tilt, Chin-Lift extension. Hold BVR facemask over mouth+nose with E-C grip. (If difficult: 2-hand E-C grip, Rescuer One squeezes BVR.) (Escalate to OPA, then LMA, only if two-hand hold fails.)
B	Breathing <i>(Rescuer Two)</i>	Bag-Valve Resuscitator (BVR) with NO PEEP valve. 2 breath <u>attempts</u> between each set of 30 compressions. (30:2 ratio). Only try twice each time. Each breath: Squeeze BVR for 1s 'til chest rise, then let go. Connect oxygen to BVR ASAP.
Continue cycles of 30 compressions : 2 breaths <u>even if intubated</u>.		
Timing : 5 cycles of 30:2 = <u>2 minutes</u> . 10 cycles = <u>4 minutes</u> .		
D	Defibrillate <i>(Rescuer Three)</i>	Check cardiac rhythm ASAP and then every <u>2 minutes</u> . Manual check quicker if skilled, else use AED. Defibrillate (shock) if: Ventricular Fibrillation, pulseless VT. First shock: as recommended (Mindray 200J, N-K 150J) Later shocks: maximum energy (Mindray 360J, N-K 270J)
Three staff: Team Leader takes Rescuer Two. Four staff: TL at bed-end.		
R	Reason	Treat Reversible Factors that caused / sustain arrest 6H: Hypoxia, Hypovolaemia, Hyperkalaemia & other electrolytes, H ⁺ , Hypoglycaemia, Hypothermia 6T: Tension pneumothorax, Tamponade, Thrombosis pulmonary, Thromb. coronary, Toxin, Trauma
I	Intravenous	IV access for drugs, largest reliable size, 2 if possible.
V	Vasopressor	Adrenaline 1mg ivi ASAP and every <u>4 minutes</u> . Flush!
A	Airway	Endotracheal intubation ONLY if ROSC / other airways fail.
Continue until ROSC OR until all Reversible Factors eliminated + no more VF + >12 minutes.		