

Adult Basic and Advanced Life Support

Cardiac Arrest



Burden of disease
Affects individuals across age, gender, race, geography, and socioeconomic status



Out-of-hospital
An estimated 400,000 per year in the United States and Canada combined, with a survival rate of 10%



In-hospital
Without a national registry in Canada, the combined numbers are unknown. However, over 290,000 per year in the United States, with a survival rate of 25%



CPR and Access

2020 Guidelines reaffirm the need for early initiation of High-quality CPR



Real-time audiovisual feedback is suggested as a means to maintain CPR quality.



Depth of at least 5 cm (2 inches) for chest compressions



100 to 120/min



Administer Epinephrine
Administer as soon as feasible for nonshockable rhythms and after defibrillation has failed in shockable rhythms.



Attempt IV Before IO
Emphasis is on intravenous as first access attempt; if that fails or is not feasible, intraosseous may be used.

Defibrillation



Critical
for cardiac arrest due to ventricular fibrillation and pulseless ventricular tachycardia

Double sequential defibrillation is shock delivery by 2 defibrillators nearly simultaneously.



The usefulness of double sequential defibrillation has not been established for refractory shockable rhythms. Routine use of double sequential defibrillation is not recommended at this time.

Special Considerations



Cardiac arrest due to an opioid overdose must be considered and requires individualized treatment.



Administer **naloxone** for respiratory arrest or if unsure if patient is in cardiac arrest. The most common routes of administration are intravenous, intramuscular, or intranasal. New in 2020: **Algorithms** for healthcare providers and lay rescuers for treating overdoses are provided.

Cardiac arrest in pregnancy requires individualized management of resuscitation.

EMS should notify healthcare facilities in advance to ensure all resources are available for both infant and mother.
Focus on **maternal resuscitation**, with preparation for **perimortem caesarean delivery** if necessary.
Perform **left uterine displacement** during CPR to improve perfusion.



New in 2020



Point-of-care ultrasound: If an **experienced sonographer** is **present** and the use of ultrasound **does not interfere** with standard cardiac arrest protocol, then it may be considered as an adjunct, although its usefulness has not been well established.



Neuroprognostication: **Multiple modalities** should be used to improve decision-making accuracy.



Post-cardiac arrest care: Emphasis is on **interventions during the initial stabilization phase** as well as on **continued management** and additional emergent activities.



Chain of Survival: A **new link—recovery**—has been added. Full recovery can take a year or more. Because recovery continues long **beyond initial hospitalization**, provide assessment and support for physical, cognitive, and psychosocial needs.

American Heart Association Guidelines For Cpr

Ken Grauer, Daniel Cavallaro



American Heart Association Guidelines For Cpr:

American Heart Association 2005 Guidelines for CPR and ECC ,2005 *2020 American Heart Association Guidelines for CPR and ECC* American Heart Association,2020-11-04 20 1101 **American Heart Association guidelines for cardiopulmonary resuscitation and emergency cardiovascular care** American Heart Association,2005 2005: American Heart Association guidelines for CPR and ECC/ American Heart Association ,2005 Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiac Care American Heart Association,1992 2010 American Heart Association Guidelines for CPR and ECC American Heart Association,American Heart Association Staff,American Red Cross Staff,2010-11 **2010 American Heart Association Guidelines for CPR and ECC (Japanese)** American Heart Association Staff,2012-06 **Two Thousand and Ten American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science** American Heart Association,Mary Fran Hazinski,2010 *2015 American Heart Association Guidelines* ,2015 AHA 2005 Guidelines for CPR & Ecc (80-1009) Aha,2005-06 Early's Physical Dysfunction Practice Skills for the Occupational Therapy Assistant E-Book Mary Beth Patnaude,2021-01-15 NEW Intervention Principles for Feeding and Eating chapter is added to this edition NEW Reorganization of all chapters aligns content more closely with the Occupational Therapy Practice Framework NEW Combined chapters make the material more concise and easier to navigate **2005 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care** American Heart Association,2005 **Federal Register** ,2013-08 **2015 American Heart Association Guidelines Update for CPR and ECC (Japanese)** American Heart Association Staff,American Red Cross Staff,2016-08-11 Product 15 2100JP *ACLS Pocket Reference* Ken Grauer,Daniel Cavallaro,1994 **2010 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care** American Heart Association,2010 **Cardiopulmonary Resuscitation** William Kaye,Nicholas G. Bircher,1989 This is a review of current standards for cardiopulmonary resuscitation It looks at CPR under special conditions such as perioperative CPR and immediate and post CPR problems such as socio economic and medico legal issues and the failure of cardiopulmonary resuscitation Taylor's Clinical Nursing Skills Pamela Lynn,2018-10-05 Publisher s Note Products purchased from 3rd Party sellers are not guaranteed by the Publisher for quality authenticity or access to any online entitlements included with the product Taylor s Clinical Nursing Skills A Nursing Process Approach Fifth Edition Pamela Lynn EdD MSN RN Confidently meet the challenges of person centered nursing practice From basic nursing processes to advanced clinical capabilities Taylor s Clinical Nursing Skills A Nursing Process Approach helps you hone your cognitive technical interpersonal and ethical legal capabilities and master patient interaction clinical reasoning and communication skills essential to safe and effective person centered care Step by step evidence based guidelines walk you through common practices and simplify complex procedures accompanied by key considerations for documentation

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Textbook of Critical Care Stephen M. Ayres,William C. Shoemaker,1995 This text of critical care is updated and expanded to reflect the current clinically relevant information Conveniently compiled under one cover are the views of those authorities who have contributed to the science and art of caring for critically ill patients It covers the molecular cellular physiologic clinical ethical and service delivery aspects of critical care medicine This revised edition includes a new section on renal nephrology as well as new chapters on heat stroke hypothermia transfusion therapy trauma care of the elderly mediators of multi organ failure in sepsis and gene therapy

The Medical Outcomes & Guidelines Sourcebook ,1995

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