

ACS

Spectrum of illnesses including:

- Uncontrolled angina
- STEMI
- NSTEMI

- PSA
- Pain? (DOLOR)
 - ❖ When did the pain start?
 - ❖ Does it radiate anywhere else?
- Use of own medications?
- Aspirin Contraindications (5)
- Aspirin (300mg oral)
- GTN Contraindications (9)
- GTN (300mcg or 600mcg/interval 5/60 + patch)
- Morphine Contraindications (2)
- Pain relief (2.5mg morphine)

Cardiogenic APO

Increased hydrostatic pressure forces fluid into the interstitial spaces causing a fluid build up.

- Consider causes – LVF/CCF, liver disease, renal disease, fluid overload
- RSA – crackles? SoB?
- SpO₂
- Oxygen (IPPV? APPV? Hudson? CPAP?)
- Suction if required
- GTN Contraindications (9)
- GTN (300mcg or 600mcg/interval 5/60 + patch)

Cardiac Arrest – Adult

VF/VT (PULSELESS)

- Commence CPR immediately (30:2/100bpm) upon finding pt pulseless
- Attach Defibrillator – first analysis/shock in AED
- Change to manual 200J or stay in AED
- Rhythm/pulse check and shock every 2/60
- MICA
- Manual airway check – neck flexion, head extension, jaw thrust
- Laryngoscope as needed
- OPA and oxy-saver or BVM
- LMA

	Unique	Portex
3 – 30-50kg	20ml	25ml
4 – 50-70kg	30ml	35ml
5 – 70-140kg	40ml	55ml

- Change to 15:1 – no pause
- IV access
- Adrenaline contraindication (1)
- Adrenaline (1mg IV)
- Normal saline TKVO
- ROSC or cease CPR

PEA

- Commence CPR immediately (30:2/100bpm) upon finding pt pulseless
- Identify possible causes:
 - ❖ Hypoxia
 - ❖ Exsanguination
 - ❖ Asthma
 - ❖ TPT
 - ❖ Anaphylaxis
 - ❖ Upper airway obstruction
- Attach Defibrillator – first analysis in AED
- Change to manual or stay in AED
- Rhythm analysis/pulse check every 2/60
- MICA
- Manual airway check – neck flexion, head extension, jaw thrust
- Laryngoscope as needed
- OPA and oxy-saver or BVM
- LMA

	Unique	Portex
3 – 30-50kg	20ml	25ml
4 – 50-70kg	30ml	35ml
5 – 70-140kg	40ml	55ml

- Change to 15:1 – no pause
- IV access
- Adrenaline contraindication (1)
- Adrenaline (1mg IV)
- Normal saline 20ml/kg
- ROSC or cease CPR

Cardiac Arrest – Paediatric

VF/VT (PULSELESS)

- Commence CPR immediately (15:2/100bpm [Infants and children] 3:1/100bpm no pause [newborns]) upon finding pt pulseless or if HR <60 (infants) or HR <40 (children)
- Attach Defibrillator – shock 4J/kg
- Analyse/shock 4J/kg every 2/60
- MICA
- Manual airway check – neck flexion, head extension, jaw thrust
- Laryngoscope as needed
- OPA and oxy-saver or BVM
- Transport ASAP

PEA

- Commence CPR immediately (15:2/100bpm [Infants and children] 3:1/100bpm no pause [newborns]) upon finding pt pulseless or if HR <60 (infants) or HR <40 (children)
- Identify possible causes:
 - ❖ Hypoxia
 - ❖ Exsanguination
 - ❖ Asthma
 - ❖ TPT
 - ❖ Anaphylaxis
 - ❖ Upper airway obstruction
- Attach Defibrillator
- Analyse every 2/60
- MICA
- Manual airway check – neck flexion, head extension, jaw thrust
- Laryngoscope as needed
- OPA and oxy-saver or BVM
- Transport ASAP