

Initiate mobilisation of 3 to 4 practitioners / responders

**Collapse**

Unresponsive and breathing abnormally or gasping

No



112 / 999

Go to Primary Survey CPG

Yes

Shout for help

112 / 999

Commence chest **Compressions**  
Continue CPR (30:2) until AED is attached or patient starts to move

Suction  
OPA

Oxygen therapy

Chest compressions  
Rate: 100 to 120/ min  
Depth: 5 to 6 cm

Minimum interruptions of chest compressions.

Maximum hands off time 10 seconds.

Ventilations  
Two ventilations each over 1 second  
Volume: 500 to 600 mL

Apply AED pads

AED Assesses Rhythm

Shock advised

No Shock advised

Give 1 shock

Breathing normally?

Immediately resume CPR  
30 compressions: 2 breaths  
x 2 minutes (5 cycles)

Immediately resume CPR  
30 compressions: 2 breaths  
x 2 minutes (5 cycles)

Go to Post Resuscitation Care CPG

Continue CPR while AED is charging if AED permits

CFR-A

Consider insertion of non-inflatable supraglottic airway, however do not delay 1<sup>st</sup> shock or stop CPR

If unable or unwilling to ventilate perform compression only CPR

Continue CPR until an appropriate Practitioner takes over or patient starts to move

If an Implantable Cardioverter Defibrillator (ICD) is fitted in the patient treat as per CPG. It is safe to touch a patient with an ICD fitted even if it is firing.

Initiate mobilisation of 3 to 4 practitioners / responders

**Cardiac arrest**  
or  
**pulse < 60 per minute with signs of poor perfusion**

Give 5 rescue ventilations  
Oxygen therapy

< 8 years use paediatric defibrillation system (if not available use adult pads)

Request  
ALS

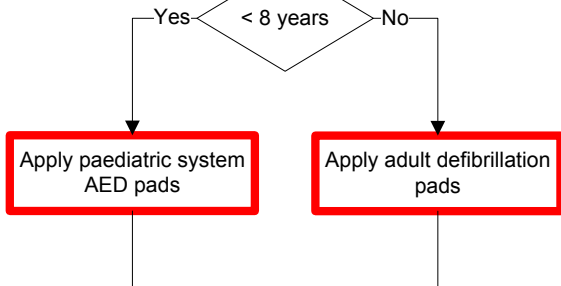
One rescuer CPR 30 : 2  
Two rescuer CPR 15 : 2  
(≥ 12 years two rescuer CPR 30:2)  
Compressions : Ventilations

Commence chest Compressions  
Continue CPR (30:2) until defibrillator is attached

Chest compressions  
Rate: 100 to 120/ min  
Depth: 1/3 depth of chest  
Child ; two hands (5 cm)  
Small child; one hand (4 cm)  
Infant (< 1); two fingers (4 cm)

AP Change defibrillator to manual mode

P Consider changing defibrillator to manual mode



With two rescuer CPR use two thumb-encircling hand chest compression for infants



Give 1 shock

Immediately resume CPR x 2 minutes

Rhythm check \*

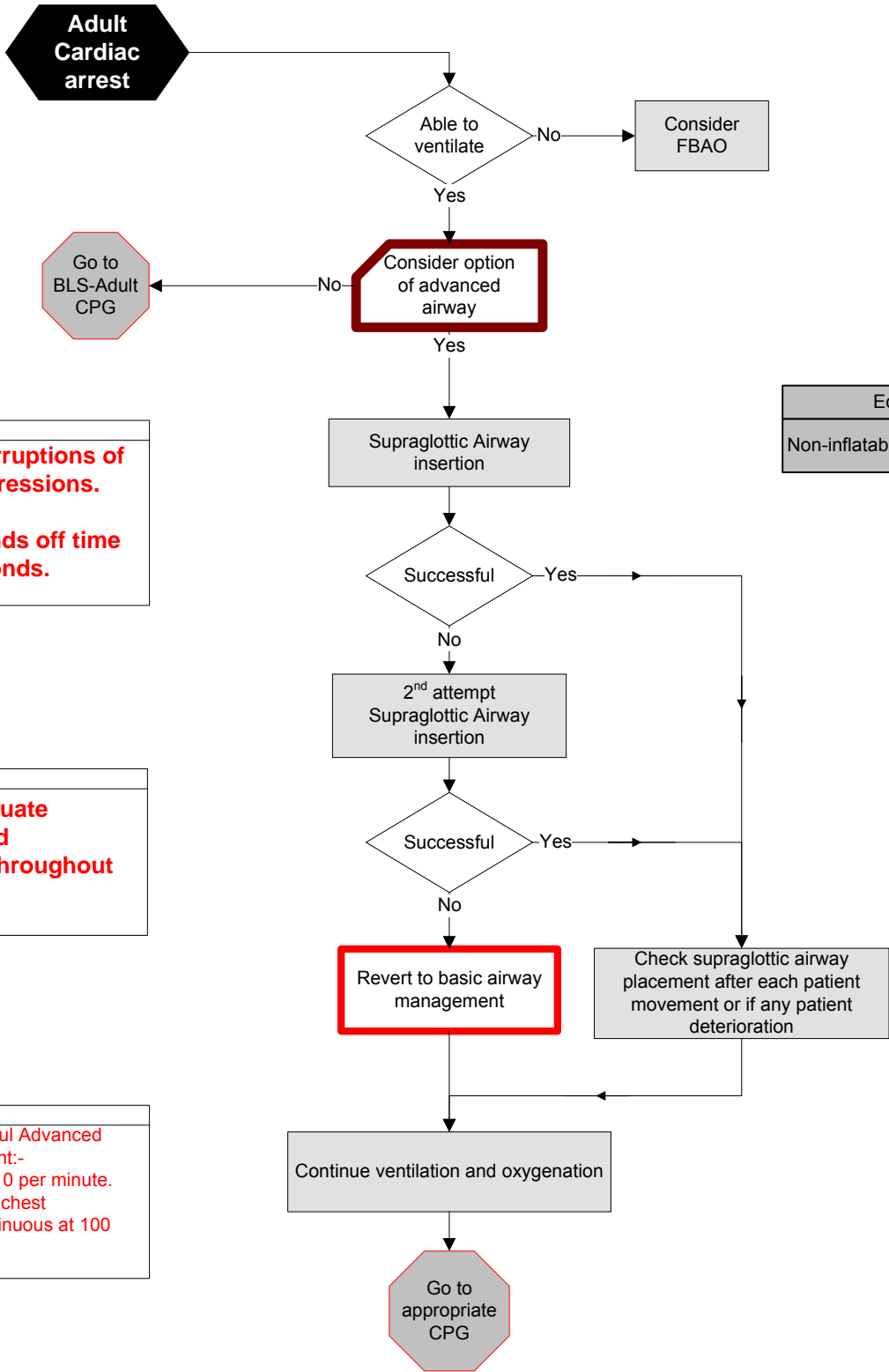
Go to VF / Pulseless VT CPG

Go to Post Resuscitation Care CPG

Asystole / PEA  
Go to Asystole / PEA CPG

**Infant AED**  
It is extremely unlikely to ever have to defibrillate a child less than 1 year old. Nevertheless, if this were to occur the approach would be the same as for a child over the age of 1. The only likely difference being, the need to place the defibrillation pads anterior (front) and posterior (back), because of the infant's small size.

\* +/- Pulse check: pulse check after 2 minutes of CPR if potentially perfusing rhythm

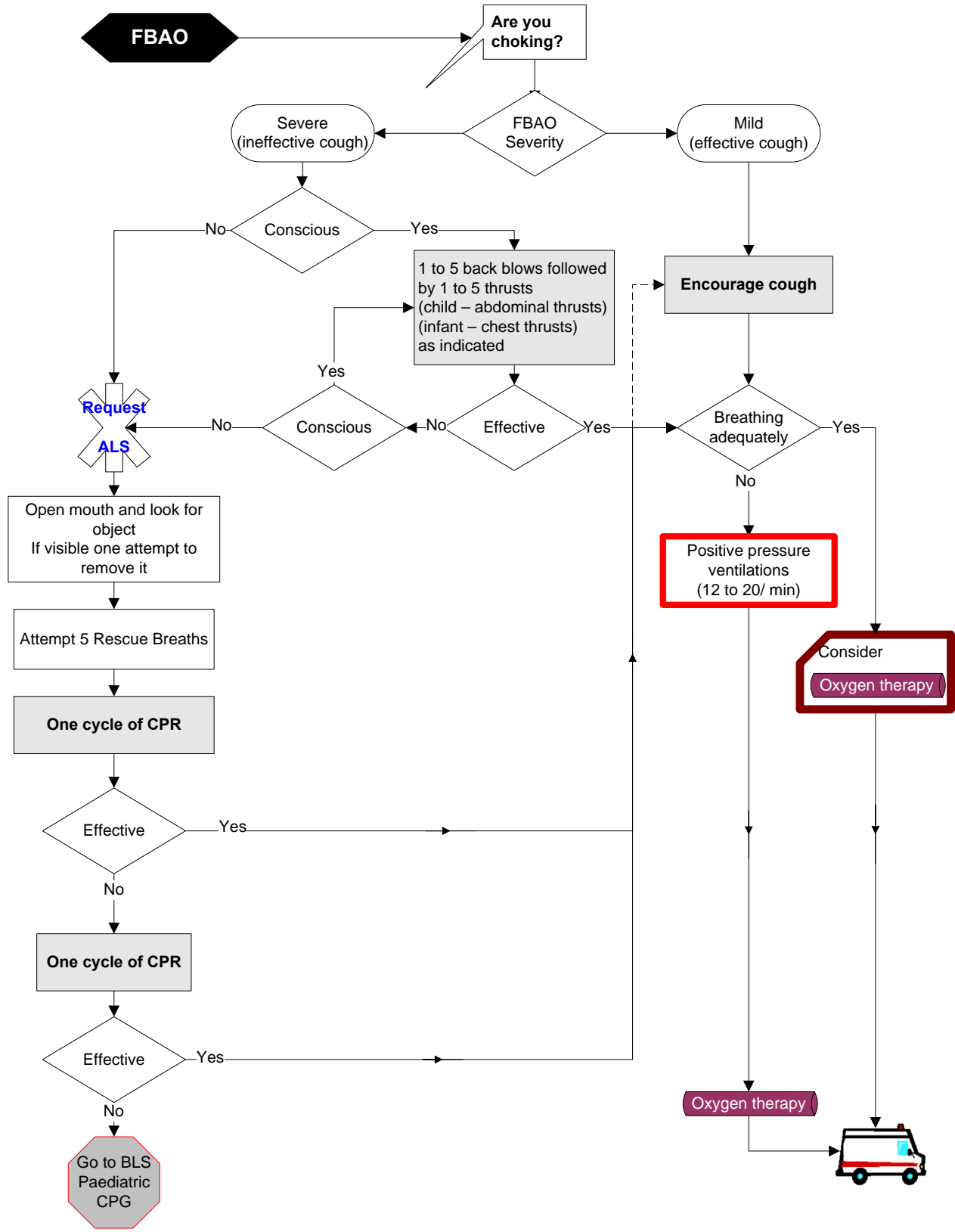


**Minimum interruptions of chest compressions.**  
**Maximum hands off time 10 seconds.**

**Maintain adequate ventilation and oxygenation throughout procedures**

Following successful Advanced Airway management:-  
i) Ventilate at 8 to 10 per minute.  
ii) Unsynchronised chest compressions continuous at 100 to 120 per minute

Equipment list  
Non-inflatable supraglottic airway



After each cycle of CPR open mouth and look for object. If visible attempt once to remove it

**Identification: P5**  
**Role: Family & Team Support**  
**Position: Outside the BLS triangle**

1. Family Liaison
2. Patient Hx / meds
3. Manage Equipment
4. Plan removal (if transporting)

**Identification: P1**  
**Role: Airway and ventilatory support & initial team leader**  
**Location: Inside BLS Triangle at patient's head**

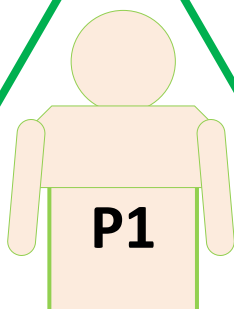
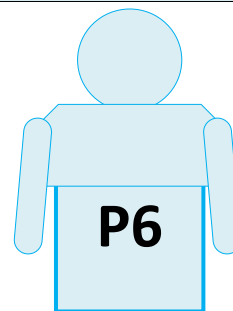
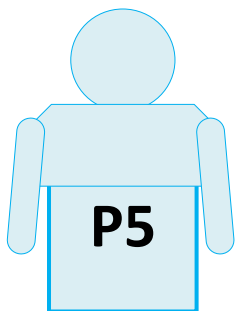
**Tasks:**

1. Position defibrillator /monitor.
2. Attach defib pads and operate defibrillator /monitor (If awaiting arrival of P3)
3. Basic airway management (manoeuvre, suction & adjunct)
4. Assemble ventilation equipment and ventilate
5. Insert advanced airway (unsynchronised ventilation and ETCO<sub>2</sub> monitor, if available)
6. Team leader (until P4 assigned)

**Identification: P6**  
**Role: Team Support**  
**Location: Outside BLS Triangle**

**Tasks:**

1. Support P1 with airway and ventilation.
2. Support P2/P3 with chest compressions and defibrillation
3. Documentation
4. Support tasks assigned by P4



**Identification: P2**  
**Role: Chest compressor**  
**Location: Inside BLS Triangle at patient's side**

**Tasks:**

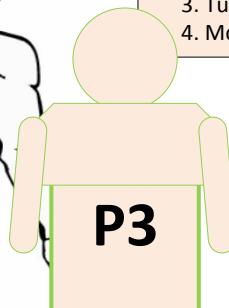
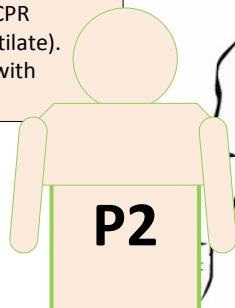
1. Position BLS response bag and suction.
2. Initiate patient assessment.
3. Commence compression only CPR (continue until P1 ready to ventilate).
4. Alternate chest compressions with P3 (P1 until P3 arrival)



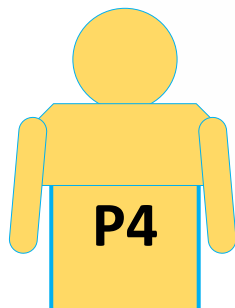
**Identification: P3**  
**Role: Chest compressor & AED operator**  
**Location: Inside BLS Triangle at patient's side**

**Tasks:**

1. Alternate compressions with P2
2. Operate AED/ monitor
3. Turn on metronome (if available)
4. Monitor time / cycles



BLS Triangle



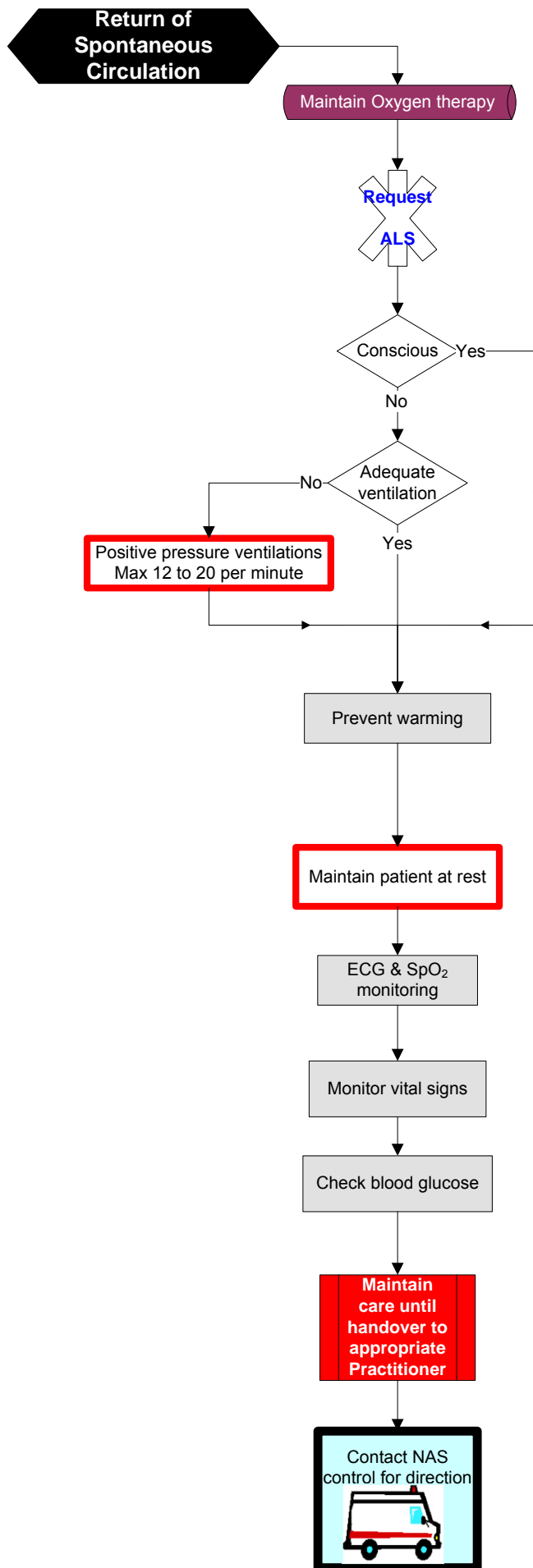
**Identification: P4**  
**Role: Cardiac Arrest Team Leader**  
**Location: Outside the BLS Triangle (ideally at the patient's feet with a clear view of the patient, team and Monitor)**

**Tasks:**

1. Positive exchange of Team Leader
2. Position ALS bag (AP)
3. Take Handover from P1
4. Monitor BLS quality.
5. Initiate IV/IO access & administers medications (AP)
6. Intubate if clinically warranted (AP)
7. Communicate with family / Family Liaison.
8. Identify and treat reversible causes (Hs + Ts)
9. Provide clinical leadership.
10. Conduct post event debrief.

Positions and roles are as laid out, however a practitioner may change position thus taking on the role of that position.

If ALS are first on scene they perform BLS until sufficient BLS personnel are on scene



Titrate O <sub>2</sub> to 96% - 98%
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