Start CPR
- Give oxygen*
- Attach monitor/defibrillator

Rhythm shockable?
Yes
No

VF/pVT

Shock*

CPR 2 min
- IV/IO access

Rhythm shockable?
Yes
No

VF/pVT

Shock*

CPR 2 min
- IV/IO access
- Epinephrine every 3-5 min
- Consider advanced airway,* capnography

Rhythm shockable?
Yes
No

CPR 2 min
- Epinephrine every 3-5 min
- Consider advanced airway,* capnography

Rhythm shockable?
Yes
No

CPR 2 min
- Amiodarone or lidocaine
- Treat reversible causes

Rhythm shockable?
Yes
No

Asystole/PEA

Epinephrine ASAP

CPR 2 min
- IV/IO access
- Epinephrine every 3-5 min
- Consider advanced airway,* capnography

Rhythm shockable?
Yes
No

CPR 2 min
- Treat reversible causes

Rhythm shockable?
Yes
No

If no signs of return of spontaneous circulation (ROSC), go to 10 or 11
- If ROSC, go to Post–Cardiac Arrest Care
- Consider appropriateness of continued resuscitation

Go to 5 or 7

Icon Legend
- PPE appropriate for AGP: respirator (e.g., N95), along with gown, gloves, and eye protection
- HEPA filter
- Suspected AGP (on the basis of current studies)

CPR Quality
- Push hard (at least 2 inches [5 cm]) and fast (100-120/min) and allow complete chest recoil.
- Minimize interruptions in compressions.
- Avoid excessive ventilation.
- Change compressor every 2 minutes, or sooner if fatigued.
- If no advanced airway, 30:2 compression-ventilation ratio.
- Quantitative waveform capnography
  - If PETCO₂ is low or decreasing, reassess CPR quality.

Shock Energy for Defibrillation
- Biphasic: Manufacturer recommendation (eg, initial dose of 120-200 J); if unknown, use maximum available.
  Second and subsequent doses should be equivalent, and higher doses may be considered.
- Monophasic: 360 J

Drug Therapy
- Epinephrine IV/IO dose: 1 mg every 3-5 minutes
- Amiodarone IV/IO dose: First dose: 300 mg bolus. Second dose: 150 mg.
  or
- Lidocaine IV/IO dose: First dose: 1-1.5 mg/kg. Second dose: 0.5-0.75 mg/kg.

Advanced Airway
- Rapidly apply PPE before AGPs.
- Provide endotracheal intubation or supraglottic advanced airway.
- For all ventilation, use a HEPA filter.
- Perform waveform capnography or capnometry to confirm and monitor ET tube placement.
- Once advanced airway is in place, give 1 breath every 6 seconds (10 breaths/min) with continuous chest compressions.

Return of Spontaneous Circulation (ROSC)
- Pulse and blood pressure
- Abrupt sustained increase in PETCO₂ (typically ≥40 mm Hg)
- Spontaneous arterial pressure waves with intra-arterial monitoring

Reversible Causes
- Hypovolemia
- Hypoxia
- Hydrogen ion (acidosis)
- Hypo-/hyperkalemia
- Hypothermia
- Tension pneumothorax
- Tamponade, cardiac
- Toxins
- Thrombosis, pulmonary
- Thrombosis, coronary

Abbreviations: AGP, aerosol-generating procedure; CPR, cardiopulmonary resuscitation; ET, endotracheal; HEPA, high-efficiency particulate air; IO, intraosseous; IV, intravenous; PEA, pulseless electrical activity; PPE, personal protective equipment; ROSC, return of spontaneous circulation; VF, ventricular fibrillation; pVT, pulseless ventricular tachycardia.

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