

Resuscitation Council Guidelines 2005 – A Summary



Resuscitation Service UCLH NHS
Trust

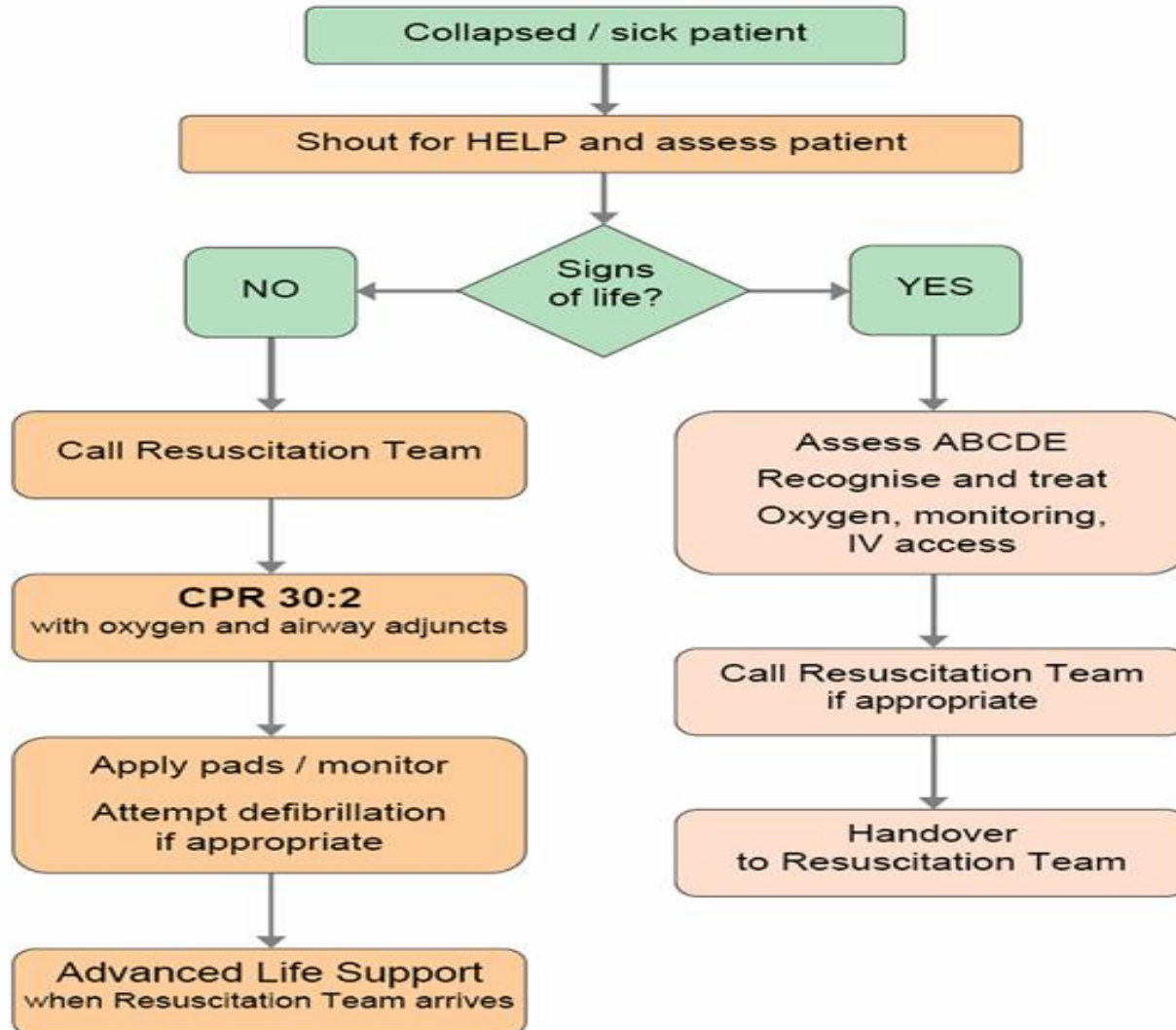


Objectives

- To present the Adult Resuscitation Council Guidelines 2005 to clinical staff at UCLH NHS Trust
- 





In-hospital resuscitation

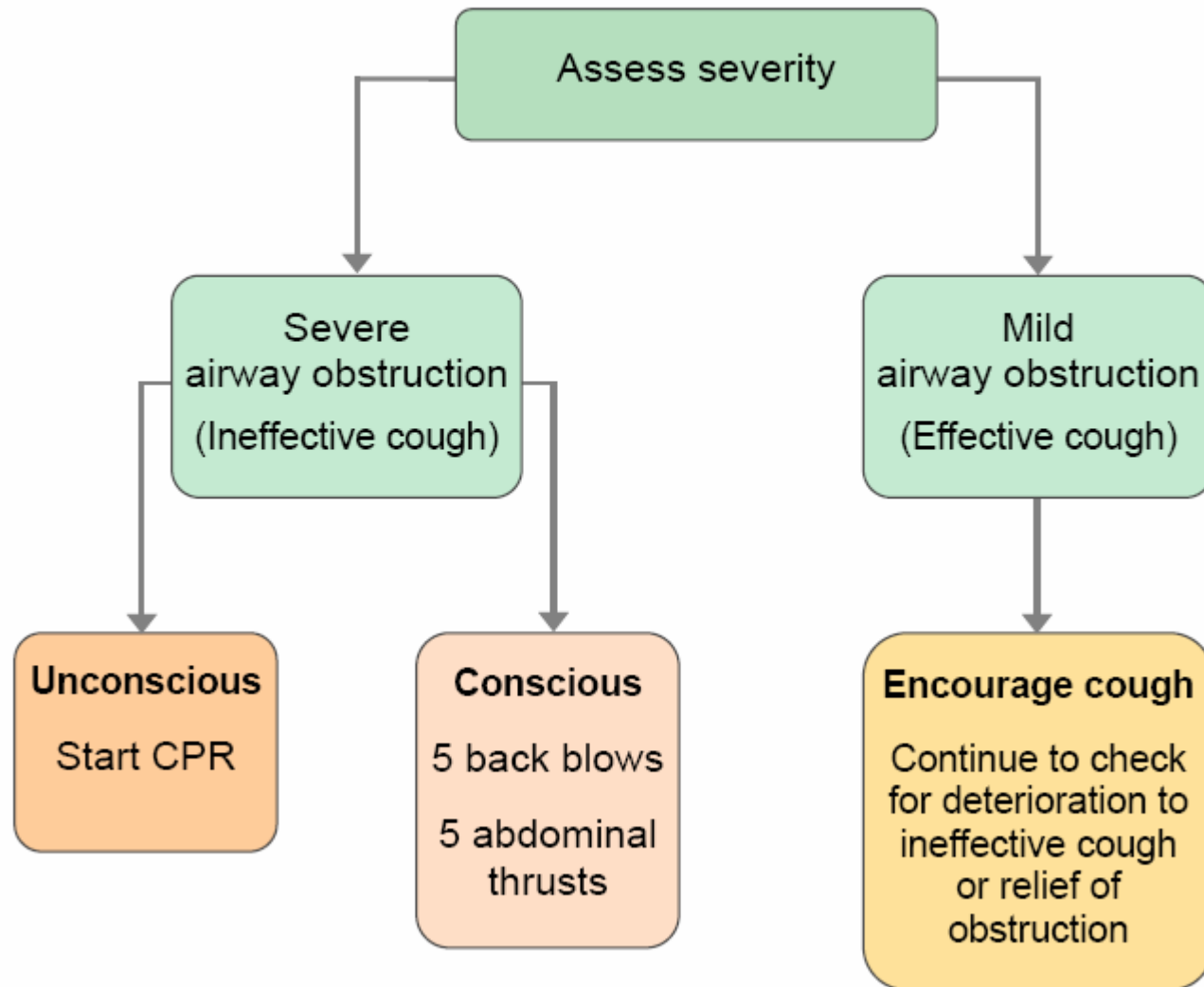




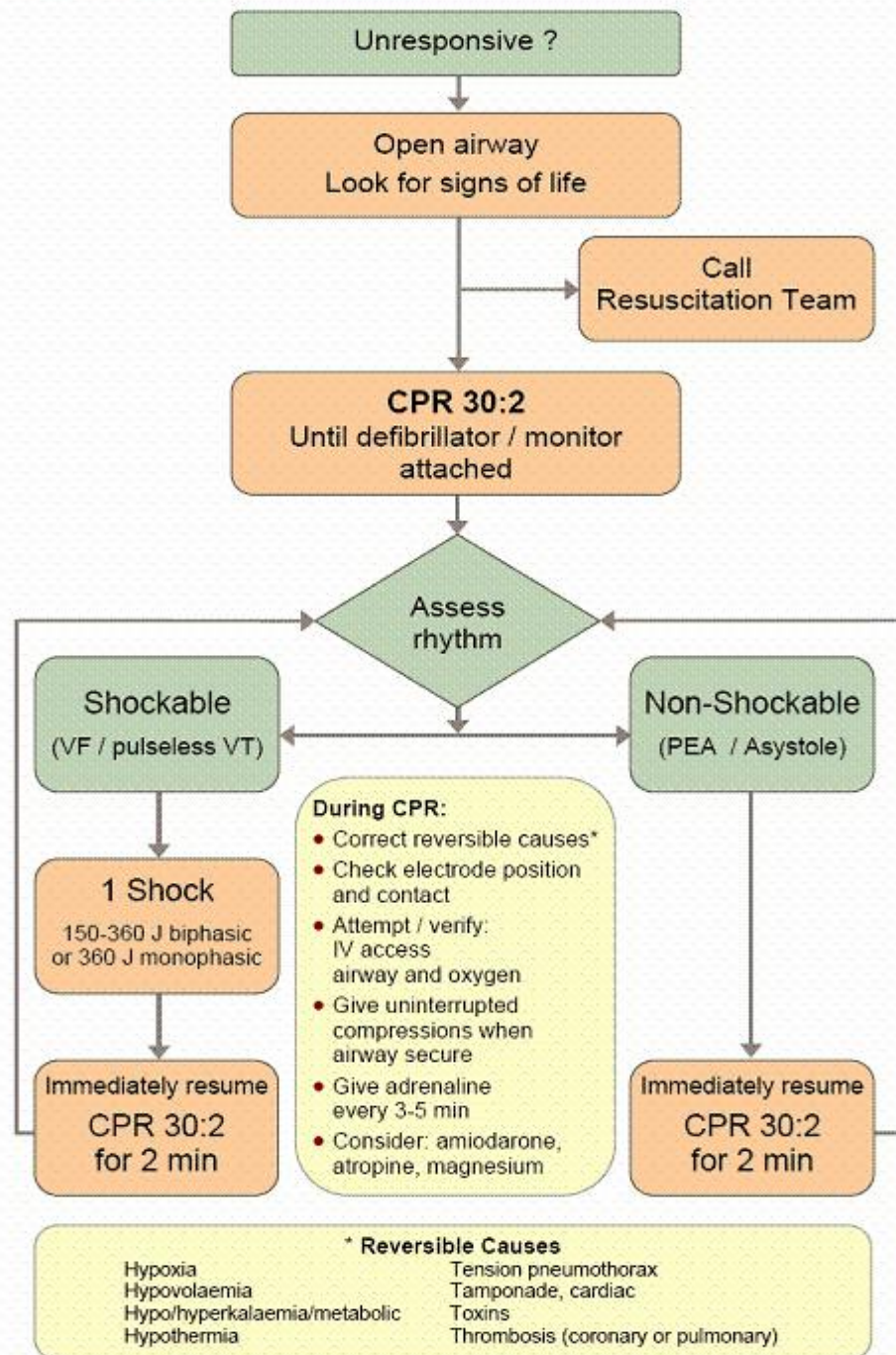
In Hospital Basic Life Support

- 
- New recommendations are to start BLS if pt is unresponsive and not breathing properly (no pulse check)
 - Agonal Breathing is a sign of Cardiac Arrest
 - 30 Chest Compressions FIRST then 2 Ventilations
 - Hand Position – Middle of the Lower half of the sternum
 - Inspiratory time of 1 second instead of 2 secs
- 

Adult choking treatment



Adult Advanced Life Support Algorithm



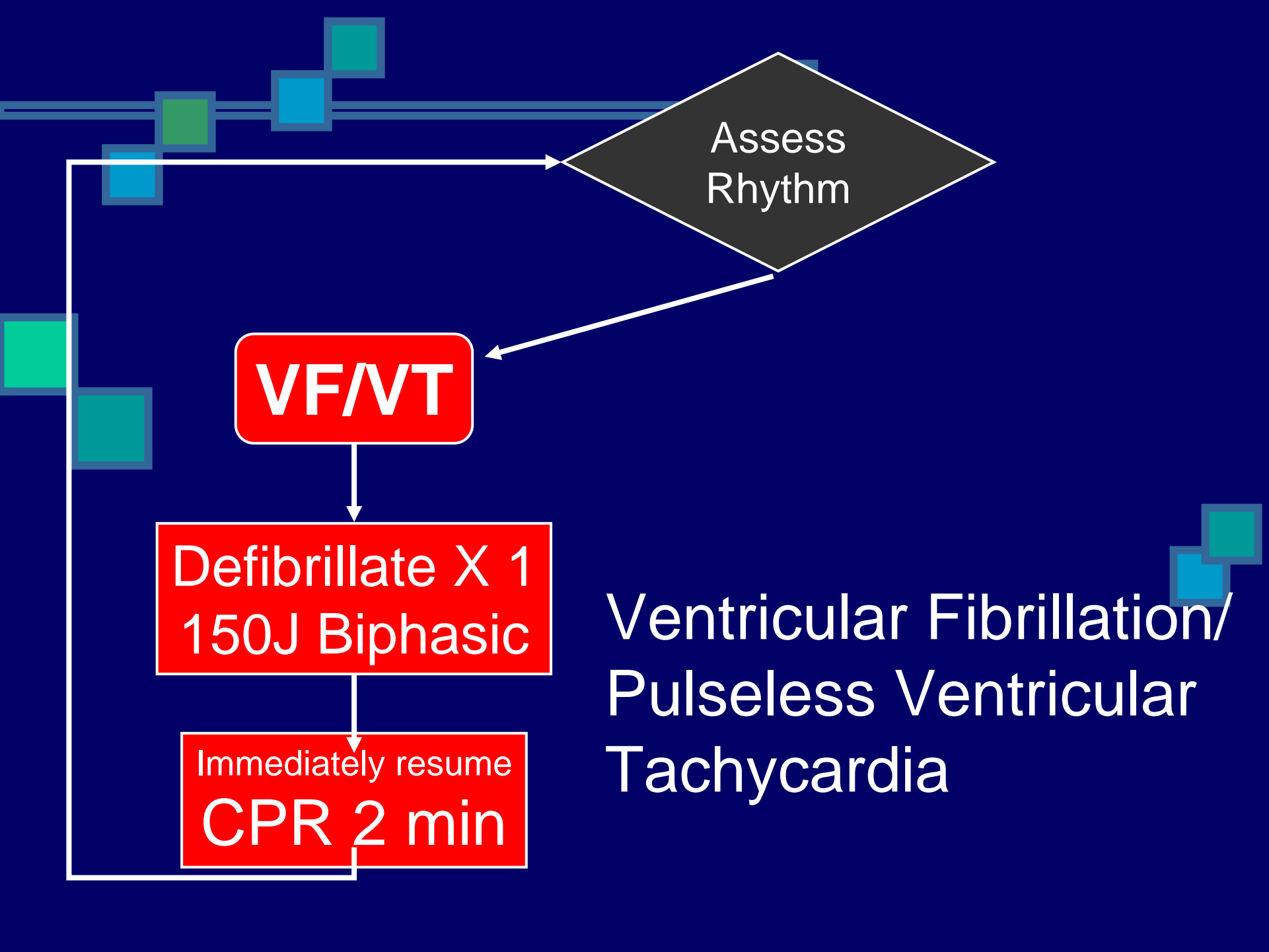
Assess
Rhythm

VF/VT

Defibrillate X 1
150J Biphasic

Immediately resume
CPR 2 min

Ventricular Fibrillation/
Pulseless Ventricular
Tachycardia



VF/VT

Shock 150J*

Immediately resume
2 mins CPR

Check rhythm

Shock 150 J*

Immediately resume
2 mins CPR

Check rhythm

Adrenaline 1mg IV only

Shock 150 J*

Immediately resume
2 mins CPR

Check rhythm

Amiodarone 300mg IV only

Shock 150 J*

Immediately resume
2 mins CPR

If Monophasic Must be at 360J

During CPR:

- *Correct reversible causes*
- check electrode position and contact
- attempt / verify: IV access
 Airway & Oxygen
- Give uninterrupted compressions if airway secure
- Give adrenaline every 3-5 min
- Consider: Amiodarone, magnesium, atropine

Drug-Shock-CPR-rhythm check

Potential reversible causes:

- Hypoxia
- Hypovolaemia
- Hypo/hyperkalaemia/metabolic
- Hypothermia
- Tension pneumothorax
- Tamponade, cardiac
- Toxins
- Thrombosis (Coronary or Pulmonary)

Assess
Rhythm

```
graph TD; A{Assess Rhythm} --> B[Non-VF/VT]; B --> C[Immediately resume CPR 30 : 2 2 min]; C --> A;
```

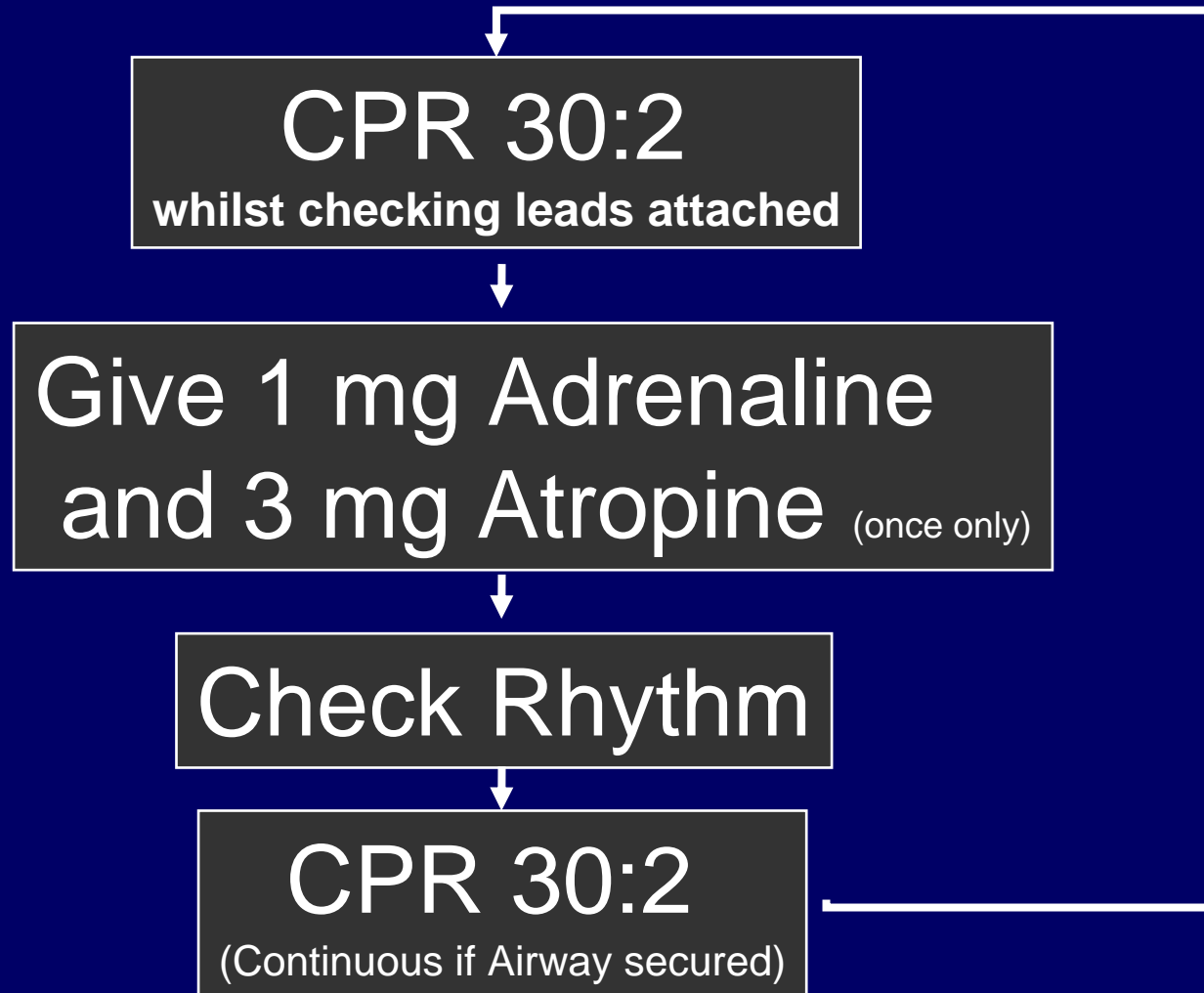
The diagram is a flowchart on a dark blue background with decorative teal and blue squares. It starts with a diamond-shaped decision box labeled 'Assess Rhythm'. An arrow points from this box to a rounded rectangular box labeled 'Non-VF/VT'. From there, an arrow points down to a rectangular box containing the text 'Immediately resume CPR 30 : 2' and '2 min'. A feedback loop arrow then returns from the bottom of this box to the 'Assess Rhythm' diamond.

Non-VF/VT

Asystole
Pulseless Electrical
Activity (PEA)

Immediately resume
CPR 30 : 2
2 min

Asystole and Slow PEA (rate <math>< 60 \text{ min}^{-1}</math>)



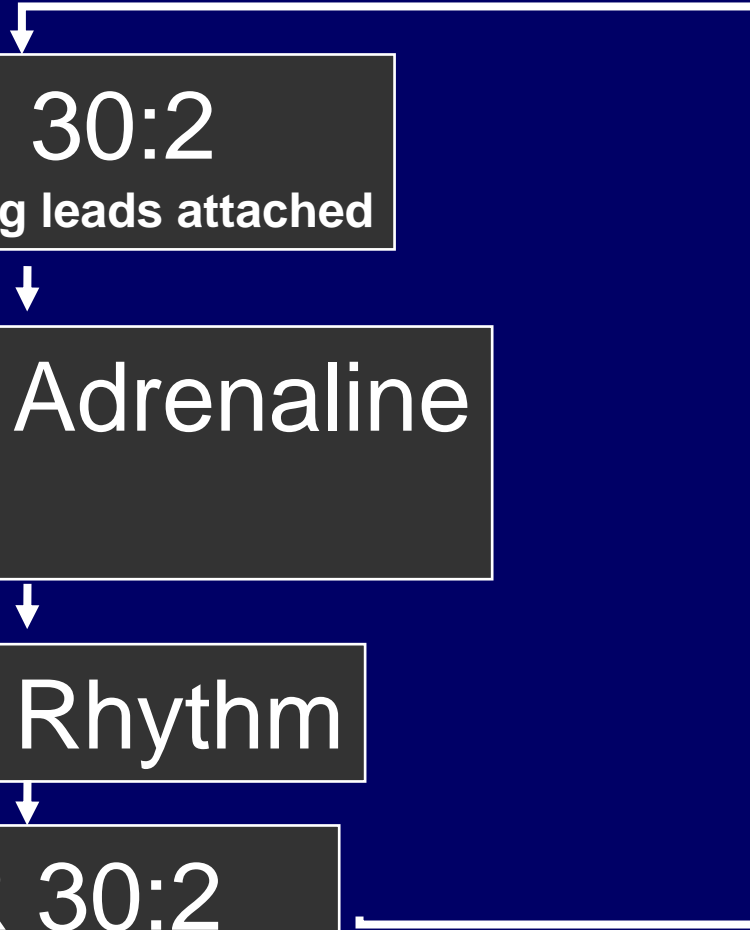
Pulseless Electrical Activity

CPR 30:2
whilst checking leads attached

Give 1 mg Adrenaline



Check Rhythm

CPR 30:2
(Continuous if Airway secured)



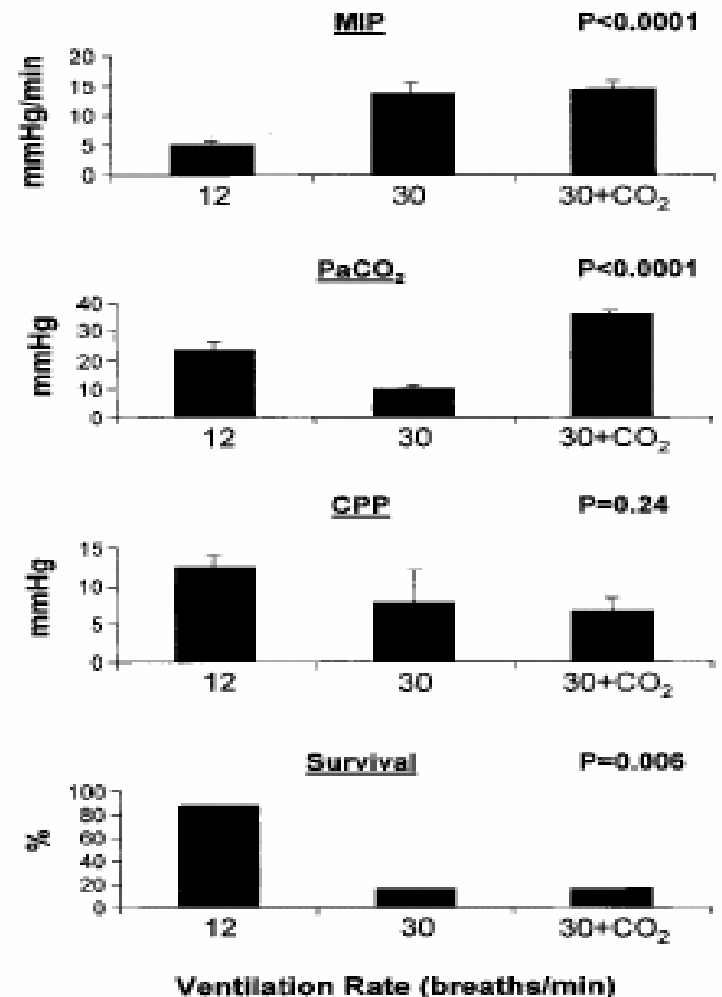
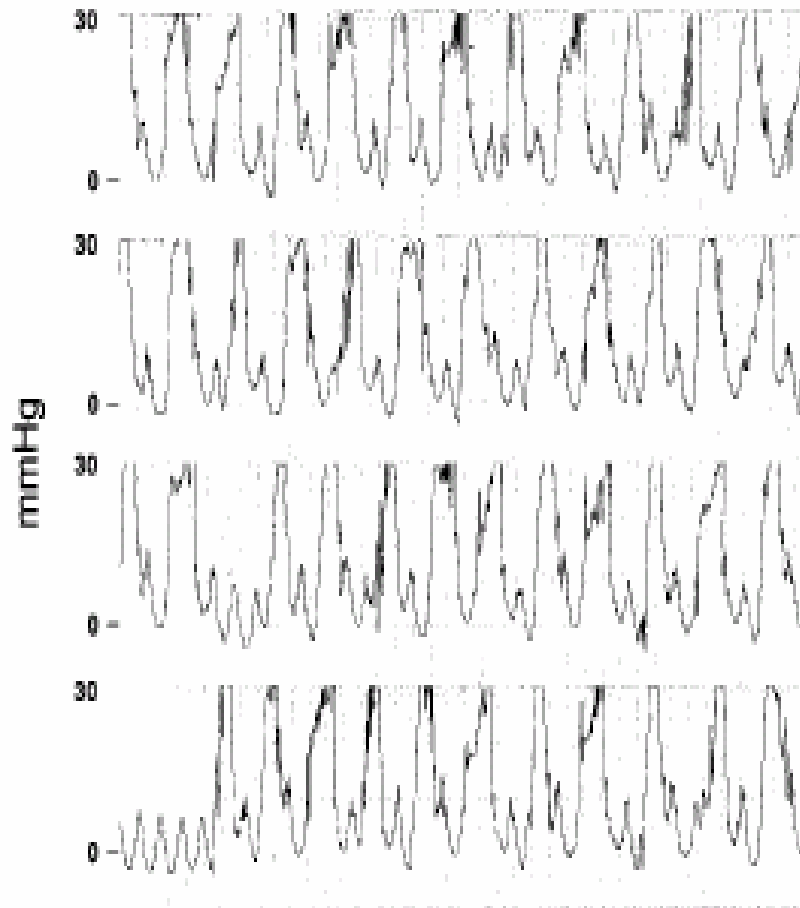


Post Arrest care

- Ensure ventilation rate is appropriate not excessive eg approx 10 per minute.
 - Unconscious adult patients with spontaneous circulation after out-of-hospital VF arrest should be cooled to 32 – 34 °C for 12 – 24 hours
 - Mild Hypothermia may benefit those with circulation after out-of-hospital cardiac arrest from non-shockable rhythm or after in hospital cardiac arrest
- 
- 

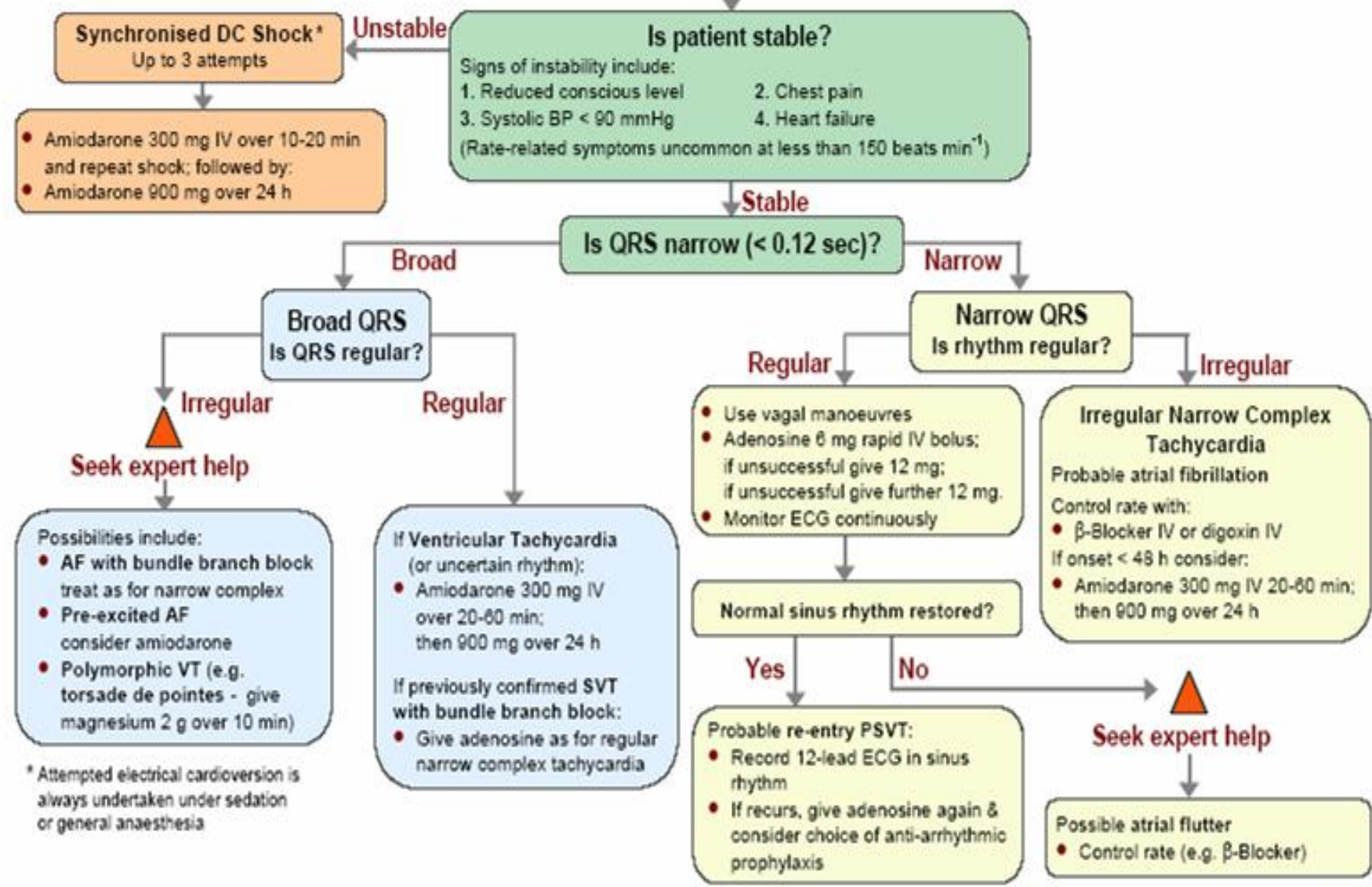
Death By Hyperventilation?

B



Tachycardia Algorithm (with pulse)

- Support ABCs: give oxygen; cannulate a vein
- Monitor ECG, BP, SpO₂
- Record 12-lead ECG if possible; if not, record rhythm strip
- Identify and treat reversible causes (e.g. electrolyte abnormalities)



* Attempted electrical cardioversion is always undertaken under sedation or general anaesthesia



More information



<http://www.resus.org.uk/pages/guide.htm>

Or ERC website

