PREGNANT WOMAN CARDIORESPIRATORY ARREST

DANGER
Is there any danger to me or to the patient?

YES → Remove the danger OR the patient from the danger OR get help

NO ↓

RESPONSE
Is there a response to verbal and tactile stimuli?

YES → Make patient comfortable

NO ↓

AIRWAY
CALL FOR HELP. Note time. Check patients airway.
Head tilt, jaw thrust and **LOOK,LISTEN,FEEL.**
Are there signs of spontaneous breathing?

YES → **Maintain Airway**

NO ↓

BREATHING
Use pocket face mask & attach oxygen if available.
Give 2 effective breaths

Precordial thump
For witnessed/ monitored arrest

CIRCULATION
Lateral tilt 30°
Check carotid pulse for 5 full seconds.
IF ABSENT commence cardiac compressions – lower half of sternum, 100 compressions/min at a depth 5-6 cm.
Continue to give 2 breaths after each 30 compressions.

→ If **unable** to initiate resuscitation successfully, undertake **IMMEDIATE CAESAREAN SECTION** (within 4 minutes)

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Attach Defib - monitor

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Assess rhythm / pulse

→ **VF / VT**

→ **NON VF / VT**

Defibrillate x 1 shock*

Manual Monophasic:
360J

Manual Biphasic:
150J

SEAD:
Use preset levels

↓

Immediate CPR for 2 minutes
Correct reversible causes

CORRECT REVERSIBLE CAUSES

Hypoxemia	**T**amponade
Hypovolemia	**T**ension pneumothorax
Hypo/hyperthermia	**T**oxins / poisons/ drugs
Hypo/hyperkalemia & metabolic disorders	**T**hrombosis - pulmonary/coronary

DURING CPR

If not already done:
Check electrode/paddle position & contact
Attempt/verify/secure: airway/IV access
Give Adrenaline 1 mg and repeat every 3 min

CONSIDER
Antiarrhythmics for VF/VT:

Amiodarone	300 mg
Lignocaine	1 – 1.5 mg/Kg
Mg^{++}	5 mmol
Electrolytes: K^+	5 mmol
Buffers: $NaHCO_3$	1 mmol/Kg
Atropine	1-3 mg

+ pacing for asystole/severe bradycardia

***For witnessed arrest, when using a manual defibrillator,give up to 3 stacked shocks at first defibrillation, further shocks should be single shocks.**

Immediate CPR 2 minutes
Correct reversible causes