8-10 breaths per minute with continuous chest compressions

Supraglottic advanced airway or endotracheal intubation

Advanced Airway

Epinephrine IV/10 mg every 3-5 minutes

Drug Therapy

Monophasic: 360 J

Shock Energy

Equivalent, and higher doses may be considered. Use maximum available, second and subsequent doses should be 120-200 J, if unknown.

Biphasic: Manufacturer recommendation (120-200 J)

Return of Spontaneous Circulation (ROSC)

Pulse and Blood Pressure

Monitor arterial pressure waves with intra-aortic balloon monitoring

Abrupt sustained increase in PErCO₂ (typically 40 mm Hg)

CPR Quality

If PErCO₂ >10 mm Hg, attempt to improve CPR quality

- If PErCO₂ >10 mm Hg, attempt to improve CPR quality

- If no advanced airway, 30:2 compression-ventilation ratio

- Avoid excessive ventilation

- Minimize interruptions in compressions

- Chest recoil

- Push hard (2½ inches [5 cm] and fast [≥100/min] and allow complete

- CPR Quality

- Hypothermia

- Hypotension

- Hypothermia, pulmonary

- Hypoxia

- Hypokalemia

- Hypothermia, cardiac

- Hypothermia, pumonmatory

- Hypothermia, cerebral