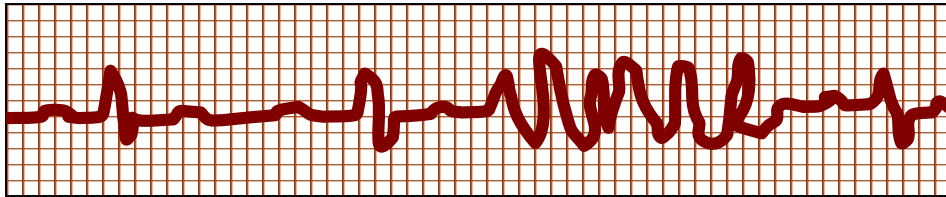


It's Not Just V. Fib Anymore! Other Causes of Cardiac Arrest

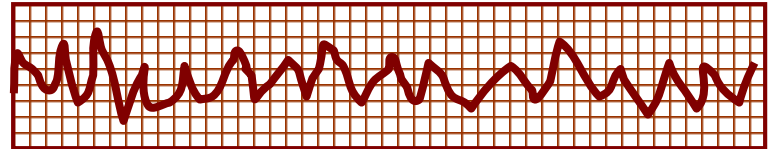
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I have no conflicts of interest, nor involved in research to disclose.
All treatments suggested follow 2010 - 2015 AHA ACLS & ACLS-EP
Guidelines. I teach ACLS, PALS, & ACLS-EP instructor and AHA
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Ventricular fibrillation

- No organized electrical activity
- Heart not pumping blood
- Defibrillation is only "fix"
- At one time considered "most common" cause of arrest



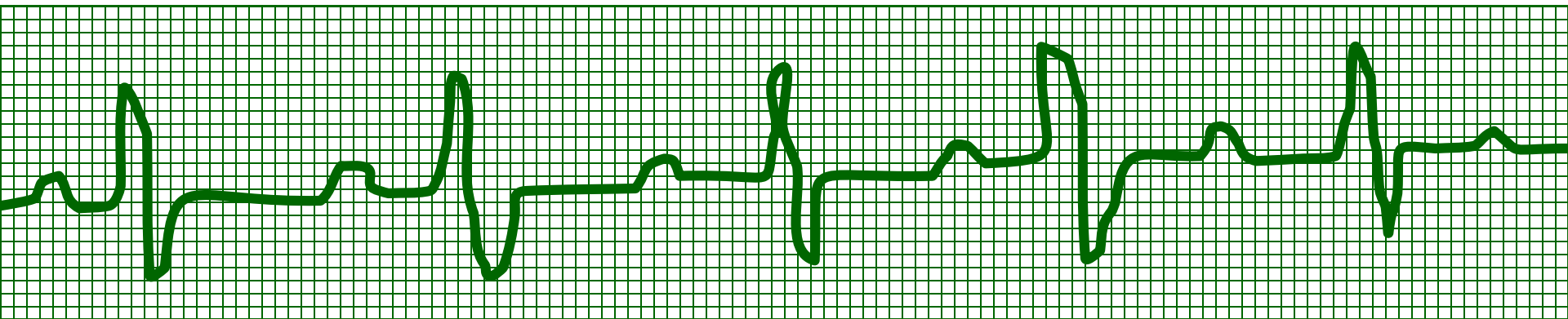
JIC* Review for V. Fib

- High quality CPR
- Defibrillate x 1
- High quality CPR
- & Epinephrine
- Defibrillate x 1
- High quality CPR
- Anti-arrhythmic

Pulseless Electrical Activity

~ AKA PEA

- Rhythm on the monitor
- Poor, to no, perfusing pulses



PEA ~ Really?

- More often than V.fib now (1 of 4 in V. Fib)
- Rapid response team calls
- S/p arrest
- Primary cause of arrest
- Kids are great at this ~~Q~~ pulse stuff

1st - Safety Net Therapy

- Circulation
- Airway
- Ventilation
- IV
- Oxygen
- Monitor

Additional considerations

Presents marginally stable ~ does not improve, presented in arrest ~ doesn't improve, got them out of arrest ~ won't improve much.

What are causes for no improvement!

Treat Underlying Cause

- O₂,
- fluids,
- epi,
- ~~atropine(?)~~
- BP meds

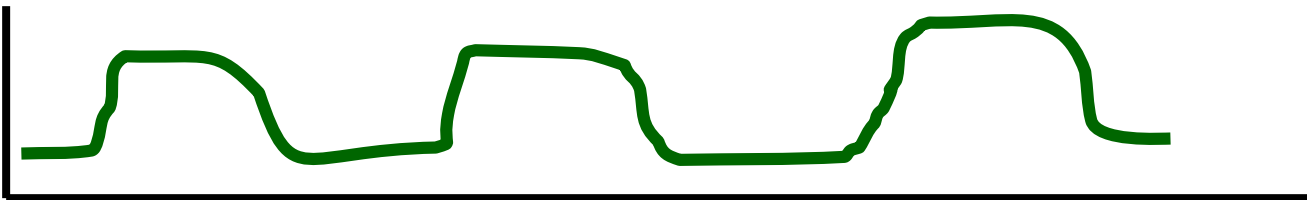
Time
buyers

Other things to think of:

- Send labs early
- Get repeat 12 lead EKGs
- Consider CT scans
head, chest, trunk
- Toxidromes
group of symptoms linked
to specific cause
- Capnography

Capnography Clues

- Indicates amount of CO_2 being returned to alveoli and out of lungs
- Indicates perfusion
- Indicates if ET tube in place
- Indicates adequate ventilation



Then think H's & T's!

Hypoxia

Tamponade

Hypovolemia

Tension pneumo

Hypothermia

Toxins/poisons

Hypo/hyper
ions (K⁺, Mg⁺

Thromboembolism

pH, Ca⁺, etc) (Hypoglycemia)

Brady includes Head injury, Heart block, Heart transplant

Results when working PEA are often dismal, unless:

- High quality CPR ~ change Q 2 minutes
- Support circulation ~ 1-2 liters Fluids -
- Monitor for sporadic loss of pulses
- Examine H's & T's ~ some are reversible if you start early
Over oxygenation maybe have detrimental effects