



During CPR
 Airway adjuncts (SGA/ETT)
 Oxygen
 Waveform capnography
 IV/IO access
 Minimise interruptions to CPR
 Plan actions before interrupting compressions (e.g. charge manual defibrillator to 4 J/kg)

Consider and correct
 Hypoxia
 Hypovolaemia
 High or low electrolytes (K, Ca, Mg) and metabolic disorders
 Hypothermia/hyperthermia
 Tension pneumothorax
 Tamponade
 Toxins
 Thrombosis (pulmonary/coronary)

Post-resuscitation care
 Re-evaluate ABCDE
 12 lead ECG, CXR
 Treat precipitating causes
 Aim for SpO2 94-98%, normocapnia and normoglycaemia
 Temperature control