Scenario B \textit{(Cogaids)}

Megacode video 5
Timing: 8:30
Procedure: Gastrectomy for gastric cancer
Allergies: Latex
Conditions: Diabetes; chronic angina
Meds: Atenolol 50mg; NTG; Glypizide
Surgeries: Hip replacement (2)
Other: Smoked 40 packs/yr, ceased 10 yr ago; reflux; apparent gastric obstruction
R. Hunter, 60, 65.1 kg

Procedure: Gastrectomy for gastric cancer
Allergies: Latex
Conditions: Diabetes; chronic angina
Meds: Atenolol 50mg; NTG; Glypizide
Surgeries: Hip replacement (2)
Other: Smoked 40 packs/yr, ceased 10 yr ago; reflux; apparent gastric obstruction

20 bpm  60/40  75%

VT/VF: PEA  VTach/VFib  Asystole  Myocardial Ischemia  Cardiac Arrest  Anaphylaxis  Malignant Hyperthermia

R. Hunter, 60, 65.1 kg

Procedure: Gastrectomy for gastric cancer

Allergies: Latex

Conditions: Diabetes; chronic angina

Meds: Atenolel 50mg; NTG; Glypizide

Surgeries: Hip replacement (2)

Other: Smoked 40 packs/yr, ceased 10 yr ago; reflux; apparent gastric obstruction
R. Hunter, 60, 65.1 kg

- Procedure: Gastrectomy for gastric cancer
- Allergies: Latex
- Conditions: Diabetes; chronic angina
- Meds: Atenolol 50mg; NTG; Glypizide
- Surgeries: Hip replacement (2)
- Other: Smoked 40 packs/yr, ceased 10 yr ago; reflux; apparent gastric obstruction
R. Hunter, 60, 65.1 kg

Procedure: Gastrectomy for gastric cancer
Allergies: Latex
Conditions: Diabetes; chronic angina
Meds: Atenolol 50mg; NTG; Glypizide
Surgeries: Hip replacement (2)
Other: Smoked 40 packs/yr, ceased 10 yr ago; reflux; apparent gastric obstruction
**R. Hunter, 60, 65.1 kg**

- **Procedure:** Gastrectomy for gastric cancer
- **Allergies:** Latex
- **Conditions:** Diabetes; chronic angina
- **Meds:** Atenolol 50mg; NTG; Glypizide
- **Surgeries:** Hip replacement (2)
- **Other:** Smoked 40 packs/yr, ceased 10 yr ago; reflux; apparent gastric obstruction

**Vital Signs:**
- **Heart Rate:** 20 bpm
- **Blood Pressure:** 60/40
- **SPO2:** 75%
**R. Hunter, 60, 65.1 kg**

**Procedure:** Gastrectomy for gastric cancer

**Allergies:** Latex

**Conditions:** Diabetes; chronic angina

**Meds:** Atenolol 50mg; NTG; Glypizide

**Surgeries:** Hip replacement (2)

**Other:** Smoked 40 packs/yr, ceased 10 yr ago; reflux; apparent gastric obstruction

---

**Aids:**
- Asystole
- VTach/VFib
- PEA
- SVT Unstable
- Myocardial Ischemia
- Anaphylaxis
- Cardiac Arrest
- Malignant Hyperthermia

**Heart Rate:** 20 bpm

**Blood Pressure:** 60/40

**Oxygen Saturation:** 75%
R. Hunter, 60, 65.1 kg

- Procedure: Gastrectomy for gastric cancer
- Allergies: Latex
- Conditions: Diabetes; chronic angina
- Meds: Atenolol 50mg; NTG; Glypizide
- Surgeries: Hip replacement (2)
- Other: Smoked 40 packs/yr, ceased 10 yr ago; reflux; apparent gastric obstruction

TREAT

FiO2—↑100%, ↓volatile anesthetics, ensure adequate ventilation, unstable SVT—cardio...

SIGNS

NO Pulse? → PEA

NOT Sinus Tachycardia

But may be compensatory

UNCHANGING:

- Hypotension
- Ischemic changes
- End-organ dysfunction

More likely SVT if any of:

- Rate > 150
- Sudden onset
- Irregular

Code Cart

Defibrillator

Larry Anesthes.

Kyle Surgeon

Chelsea Nurse

Danniele Tech

Robert Surgeon

Jenny Cardio

Linda Nurse

Jay Neuro

R. Hunter, 60, 65.1 kg

- Procedure: Gastrectomy for gastric cancer
- Allergies: Latex
- Conditions: Diabetes; chronic angina
- Meds: Atenolol 50mg; NTG; Glypizide
- Surgeries: Hip replacement (2)
- Other: Smoked 40 packs/yr, ceased 10 yr ago; reflux; apparent gastric obstruction

TREAT

FiO2—↑100%, ↓volatile anesthetics, ensure adequate ventilation, unstable SVT—cardio...
**TREAT**

- **FiO2**: 100%, ↓ volatile anesthetic
- **Confirm**: adequate ventilation, oxygenation

**Unstable SVT? → SYNCHR. CARDIOVERSION**

- Biphasic doses
- Consider sedation if awake
- Narrow complex and regular: 50–100J
- Narrow complex and irregular: 120–200J
- Wide complex and regular: 100J
- Wide complex and irregular requires unsynchronized defib: 200J

- Unsuccessful Cardioversion? → Re-SYNC

- Narrow–complex, regular? → Adenosine

---

**R. Hunter, 60, 65.1 kg**

Procedure: Gastrectomy for gastric cancer
Allergies: Latex
Conditions: Diabetes; chronic angina
Meds: Atenolol 50mg; NTG; Glypizide
Surgeries: Hip replacement (2)
Other: Smoked 40 packs/yr, ceased 10 yr ago; reflux; apparent gastric obstruction
TREAT

- FiO₂ → 100%, ↓ volatile anesthetic
- Confirm → adequate ventilation, oxygenation

- Unstable SVT? → SYNCHR. CARDIOVERSION
  - Biphasic doses
  - Consider sedation if awake
  - Narrow complex and regular: 50–100J
  - Narrow complex and irregular: 120–200J
  - Wide complex and regular: 100J
  - Wide complex and irregular requires unsynchronized defib: 200J

- Unsuccessful Cardioversion? → Re-SYNC
- Narrow-complex, regular? → Adenosine

SIGNS
UNSTABLE—Hypotension, Ischemic changes, End-organ dysfunc.

R. Hunter, 60, 65.1 kg

Procedure: Gastrectomy for gastric cancer
Allergies: Latex
Conditions: Diabetes; chronic angina
Meds: Atenolol 50mg; NTG; Glypizide
Surgeries: Hip replacement (2)
Other: Smoked 40 packs/yr, ceased 10 yr ago; reflux; apparent gastric obstruction
☐ SVT Unstable

SIGNS
UNSTABLE—Hypotension, Ischemic changes, End-organ dysfunc.

TREAT

☐ FiO2→100%, ↓volatile anesthetic
☐ Confirm→adequate ventilation, oxygenation

☐ Unstable SVT?→SYNCHR. CARDIOVERSION
  ☐ Biphasic doses
  ☐ Consider sedation if awake
  ☐ Narrow complex and regular: 50–100J
  ☐ Narrow complex and irregular: 120–200J
  ☐ Wide complex and regular: 100J
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☐ Unsuccessful Cardioversion?→Re-SYNC
☐ Narrow–complex, regular?→Adenosine

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Allergies: Latex
Conditions: Diabetes; chronic angina
Meds: Atenolol 50mg; NTG; Glypizide
Surgeries: Hip replacement (2)
Other: Smoked 40 packs/yr, ceased 10 yr ago; reflux; apparent gastric obstruction
**TREAT**

- FiO2→100%, ↓volatile anesthetic
- Confirm→adequate ventilation, oxygenation

**Unstable SVT?→SYNCHR. CARDIOVERSION**
- Biphasic doses
- Consider sedation if awake
- Narrow complex and regular: 50–100J
- Narrow complex and irregular: 120–200J
- Wide complex and regular: 100J
- Wide complex and irregular requires unsynchronized defib: 200J

- Unsuccessful Cardioversion?→Re-SYNC
- Narrow–complex, regular?→Adenosine

**SIGNs** UNSTABLE—Hypotension, Ischemic changes, End-organ dysfunc.

**R. Hunter, 60, 65.1 kg**
- Procedure: Gastrectomy for gastric cancer
- Allergies: Latex
- Conditions: Diabetes; chronic angina
- Meds: Atenolel 50mg; NTG; Glypizide
- Surgeries: Hip replacement (2)
- Other: Smoked 40 packs/yr, ceased 10 yr ago; reflux; apparent gastric obstruction
TREAT

☐ FiO₂ → 100%, ↓ volatile anesthetic
☐ Confirm → adequate ventilation, oxygenation

☐ Unstable SVT? → SYNCHR. CARDIOVERSION
   □ Biphasic doses
   □ Consider sedation if awake
   □ Narrow complex and regular: 50–100J
   □ Narrow complex and irregular: 120–200J
   □ Wide complex and regular: 100J
   □ Wide complex and irregular requires unsynchronized defib: 200J

☐ Unsuccessful Cardioversion? → Re-SYNC
☐ Narrow-complex, regular? → Adenosine

SIGNS
UNSTABLE—Hypotension, Ischemic changes, End-organ dysfunc.
TREAT

☐ FiO\textsubscript{2} → 100\%, ↓ volatile anesthetic

☐ Confirm → adequate ventilation, oxygenation

☐ Unstable SVT? → SYNCHR. CARDIOVERSION
  □ Biphasic doses
  □ Consider sedation if awake
  □ Narrow complex and regular: 50–100J
  □ Narrow complex and irregular: 120–200J
  □ Wide complex and regular: 100J
  □ Wide complex and irregular requires unsynchronized defib: 200J

☐ Unsuccessful Cardioversion? → Re-SYNC

☐ Narrow–complex, regular? → Adenosine

SIGNS

UNSTABLE—Hypotension, Ischemic changes, End–organ dysfunc.
☐ SVT Unstable

S I G N S  UNSTABLE—Hypotension, Ischemic changes, End-organ dysfunc.

T R E A T

☐ FiO2 → 100%, ↓ volatile anesthetic
☐ Confirm → adequate ventilation, oxygenation

☐ Unstable SVT? → SYNCHR. CARDIOVERSION
   ☐ Biphasic doses
   ☐ Consider sedation if awake
   ☐ Narrow complex and regular: 50–100J
   ☐ Narrow complex and irregular: 120–200J
   ☐ Wide complex and regular: 100J
   ☐ Wide complex and irregular requires unsynchronized defib: 200J

☐ Unsuccessful Cardioversion? → Re-SYNC
☐ Narrow-complex, regular? → Adenosine

R. Hunter, 60, 65.1 kg

- 20 bpm
- 60/40
- 75%

Procedure: Gastrectomy for gastric cancer
Allergies: Latex
Conditions: Diabetes; chronic angina
Meds: Atenolel 50mg; NTG; Glypizide
Surgeries: Hip replacement (2)
Other: Smoked 40 packs/yr, ceased 10 yr ago; reflux; apparent gastric obstruction
**TREAT**

- **FiO2** $\rightarrow$ 100%, $\downarrow$ volatile anesthetic
- **Confirm** $\rightarrow$ adequate ventilation, oxygenation

- **Unstable SVT?** $\rightarrow$ SYNCHR. CARDIOVERSION
  - Biphasic doses
  - Consider sedation if awake
  - Narrow complex and regular: 50–100J
  - Narrow complex and irregular: 120–200J
  - Wide complex and regular: 100J
  - Wide complex and irregular requires unsynchronized defib: 200J

- **Unsuccessful Cardioversion?** $\rightarrow$ Re-SYNC
- **Narrow-complex, regular?** $\rightarrow$ Adenosine

**SIGNS**

UNSTABLE—Hypotension, Ischemic changes, End-organ dysfunc.
TREAT

- **FiO2** → 100%, ↓ volatile anesthetic
- **Confirm** → adequate ventilation, oxygenation
- **Unstable SVT?** → STAT SYNCHRON. CARDIOVERSION

- **Unsuccessful Cardioversion?** → Re-SYNC
  
  If unsuccessful cardioversion, re-SYNC and increase Joules incrementally for Synchronized Cardioversion

  NO pulse? → Turn off sync

- **Narrow-complex, regular?** → Adenosine

SIGNS

- UNSTABLE—Hypotension, Ischemic changes, End-organ dysfunc.
TREAT

☐ SVT Unstable

☐ FiO2 → 100%, ↓ volatile anesthetic
☐ Confirm → adequate ventilation, oxygenation
☐ Unstable SVT? → STAT SYNCHRON. CARDIOVERSION

☐ Unsuccessful Cardioversion? → Re-SYNC
   If unsuccessful cardioversion, re-SYNC and increase Joules incrementally for Synchronized Cardioversion
   NO pulse? → Turn off sync

☐ Narrow-complex, regular? → Adenosine

SIGNS

UNSTABLE—Hypotension, Ischemic changes, End-organ dysfunc.

Procedure: Gastrectomy for gastric cancer
Allergies: Latex
Conditions: Diabetes; chronic angina
Meds: Atenolel 50mg; NTG; Glypizide
Surgeries: Hip replacement (2)
Other: Smoked 40 packs/yr, ceased 10 yr ago; reflux; apparent gastric obstruction
☐ SVT Unstable

SIGNS UNSTABLE—Hypotension, Ischemic changes, End-organ dysfunc.

TREAT

☐ FiO2 → 100%, ↓ volatile anesthetic
☐ Confirm → adequate ventilation, oxygenation
☐ Unstable SVT? → STAT SYNCHRON. CARDIOVERSION

☐ Unsuccessful Cardioversion? → Re-SYNC
   If unsuccessful cardioversion, re-SYNC and increase Joules incrementally for Synchronized Cardioversion
   NO pulse? → Turn off sync

☐ Narrow–complex, regular? → Adenosine

R. Hunter, 60, 65.1 kg

Procedure: Gastrectomy for gastric cancer
Allergies: Latex
Conditions: Diabetes; chronic angina
Meds: Atenolel 50mg; NTG; Glypizide
Surgeries: Hip replacement (2)
Other: Smoked 40 packs/yr, ceased 10 yr ago; reflux; apparent gastric obstruction
CONSIDER

Antiarrhythmics; HypoMg or Torsades? → MgSO4 2g IV; HyperK?...

TREAT

☐ Defibrillate — 200 Joules (biphasic)
☐ CPR — RESUME IMMEDIATELY
☐ Epinephrine — 1 mg IV push q 3–5 min
✔ DEFIB → CPR → MEDS

CHECK

In the OR: Volatile—OFF, O2—100%; Ventilation—OK?. Always Check: IV...

PROCEDURE

R. Hunter, 60, 65.1 kg

Procedure: Gastrectomy for gastric cancer
Allergies: Latex
Conditions: Diabetes; chronic angina
Meds: Atenolol 50mg; NTG; Glypizide
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CONSIDER

Antiarrhythmics; HypoMg or Torsades? → MgSO4 2g IV; HyperK?...

TREAT

☐ Defibrillate — 200 Joules (biphasic)

☐ CPR — RESUME IMMEDIATELY

☐ Epinephrine — 1 mg IV push q 3–5 min

DEFIB → CPR → MEDS

CHECK

In the OR: Volatile — OFF, O2 — 100%; Ventilation — OK?. Always Check: IV...

20 bpm
60/40
75%

Procedure: Gastrectomy for gastric cancer
Allergies: Latex
Conditions: Diabetes; chronic angina
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☐ CPR — RESUME IMMEDIATELY
☐ Epinephrine — 1 mg IV push q 3–5 min

DEFIB → CPR → MEDS

CHECK

In the OR: Volatile—OFF, O2—100%; Ventilation—OK?. Always Check: IV...

20 bpm 60/40 75%

R. Hunter, 60, 65.1 kg

Procedure: Gastrectomy for gastric cancer
Allergies: Latex
Conditions: Diabetes; chronic angina
Meds: Atenolel 50mg; NTG; Glypizide
Surgeries: Hip replacement (2)
Other: Smoked 40 packs/yr, ceased 10 yr ago; reflux; apparent gastric obstruction
**CONSIDER**

- Antiarrhythmics; HypoMg or Torsades? → MgSO4 2g IV; HyperK?...

**TREAT**

- Defibrillate — 200 Joules (biphasic)
- CPR—RESUME IMMEDIATELY
- Epinephrine — 1 mg IV push q 3–5 min
- DEFIB → CPR → MEDS

**CHECK**

In the OR: Volatile—OFF, O2—100%; Ventilation—OK?. Always Check: IV...

**Services**

- Larry Anesthes.
- Kyle Surgeon
- Chelsea Nurse
- Dannielle Tech
- Robert Surgeon
- Jenny Cardio
- Linda Nurse
- Jay Neuro
Consider:
- Antiarrhythmics; HypoMg or Torsades? → MgSO4 2g IV; HyperK?...

Treat:
- Defibrillate — 200 Joules (biphasic)
- CPR — RESUME IMMEDIATELY
- Epinephrine — 1 mg IV push q 3–5 min
- DEFIB → CPR → MEDS

Check:
- In the OR: Volatile — OFF, O2 — 100%; Ventilation — OK?. Always Check: IV...

Services:
- Larry Anesthes.
- Kyle Surgeon
- Chelsea Nurse
- Dannielle Tech
- Robert Surgeon
- Jenny Cardio
- Linda Nurse
- Jay Neuro

R. Hunter, 60, 65.1 kg
- Procedure: Gastrectomy for gastric cancer
- Allergies: Latex
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20 bpm
60/40
75%
CONSIDER

Antiarrhythmics; HypoMg or Torsades? → MgSO4 2g IV; HyperK?...

TREAT

☐ Defibrillate 🚪 — 200 Joules (biphasic)

☐ CPR — RESUME IMMEDIATELY

☐ Epinephrine — 1 mg IV push q 3–5 min

DEFIB → CPR → MEDS

CHECK

In the OR: Volatile—OFF, O2—100%; Ventilation—OK?. Always Check: IV...

R. Hunter, 60, 65.1 kg

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Conditions: Diabetes; chronic angina
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Other: Smoked 40 packs/yr, ceased 10 yr ago; reflux; apparent gastric obstruction
VTach & VFib

**PEA**  **Asys**  **Search**

**SIGNS**

VTach  ~V~V~V~V~V~V~V~V~V~V~V~V~V~V~V~V~V~VFib, CPR: ≥100...

**TREAT**

- **☐ Defibrillate** 200 Joules (biphasic)
- **☐ CPR**—RESUME IMMEDIATELY
- **☐ Epinephrine**—1 mg IV push q 3–5 min
- **☑ DEFIB → CPR → MEDS**

**CHECK**

In the OR: Volatile—OFF, O2—100%; Ventilation—OK?. Always Check: IV...

**CONSIDER**

Antiarrhythmics; HypoMg or Torsades?→MgSO4 2g IV; HyperK?...

**R. Hunter, 60, 65.1 kg**

20 bpm  60/40  75%

Procedure: Gastrectomy for gastric cancer
Allergies: Latex
Conditions: Diabetes; chronic angina
Meds: Atenolel 50mg; NTG; Glypizide
Surgeries: Hip replacement (2)
Other: Smoked 40 packs/yr, ceased 10 yr ago; reflux; apparent gastric obstruction
CONSIDER

| Antiarrhythmics; HypoMg or Torsades?→MgSO4 2g IV; HyperK?... |

TREAT

| □ Defibrillate — 200 Joules (biphasic) |
| □ CPR—RESUME IMMEDIATELY |
| □ Epinephrine—1 mg IV push q 3–5 min |
| DEFIB→CPR→MEDS |

CHECK

| In the OR: Volatile—OFF, O2—100%; Ventilation—OK?. Always Check: IV... |

R. Hunter, 60, 65.1 kg

| Procedure: Gastrectomy for gastric cancer |
| Allergies: Latex |
| Conditions: Diabetes; chronic angina |
| Meds: Atenolol 50mg; NTG; Glypizide |
| Surgeries: Hip replacement (2) |
| Other: Smoked 40 packs/yr, ceased 10 yr ago; reflux; apparent gastric obstruction |
CONSIDER Antiarrhythmics; HypoMg or Torsades?→MgSO4 2g IV; HyperK?...

TREAT

☐ Defibrillate♡—200 Joules (biphasic)

☐ CPR—RESUME IMMEDIATELY
☐ Epinephrine—1 mg IV push q 3–5 min
DEFIB→CPR→MEDS

CHECK
In the OR: Volatile—OFF, O2—100%; Ventilation—OK?. Always Check: IV...

CONSIDER Antiarrhythmics; HypoMg or Torsades?→MgSO4 2g IV; HyperK?...

R. Hunter, 60, 65.1 kg

Procedure: Gastrectomy for gastric cancer
Allergies: Latex
Conditions: Diabetes; chronic angina
Meds: Atenolol 50mg; NTG; Glypizide
Surgeries: Hip replacement (2)
Other: Smoked 40 packs/yr, ceased 10 yr ago; reflux; apparent gastric obstruction
CONSIDER Antiarrhythmics; HypoMg or Torsades? → MgSO4 2g IV; HyperK?...

TREAT ☑ Defibrillate—200 Joules (biphasic)
☐ CPR → RESUME IMMEDIATELY
☐ Epinephrine—1 mg IV push q 3–5 min
Ο DEFIB → CPR → MEDS

CHECK In the OR: Volatile—OFF, O2—100%; Ventilation—OK? Always Check: IV...

CONSIDER Add cue for changing rhythm?

R. Hunter, 60, 65.1 kg
Procedure: Gastrectomy for gastric cancer
Allergies: Latex
Conditions: Diabetes; chronic angina
Meds: Atenolel 50mg; NTG; Glypizide
Surgeries: Hip replacement (2)
Other: Smoked 40 packs/yr, ceased 10 yr ago; reflux; apparent gastric obstruction
CONSIDER

Antiarrhythmics; HypoMg or Torsades?

→ MgSO4 2g IV; HyperK?

TREAT

☑ Defibrillate—200 Joules (biphasic)

☐ CPR —RESUME IMMEDIATELY

☐ Epinephrine—1 mg IV push q 3–5 min

DEFIB → CPR → MEDS

☑ Epinephrine—1 mg IV push q 3–5 min

DEFIB → CPR → MEDS

CHECK

In the OR: Volatile—OFF, O2—100%; Ventilation—OK?. Always Check: IV...

CONSIDER

Add cue for changing rhythm?

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Surgeries: Hip replacement (2)
Other: Smoked 40 packs/yr, ceased 10 yr ago; reflux; apparent gastric obstruction
**Pulseless Electrical Activity**

**SIGNS**

- **CPR**
  - ≥100 compressions/min, 2” deep; ↓ breaks in CPR, allow complete chest recoil; Rotate personnel...

- **IMMEDIATE**
  - Volatile—OFF; O₂—100%; Ventilation—10 breaths/min; Consider: Local anesthetic...

- **TREAT**
  - Epinephrine—1mg IV push q 3–5 min

- **H&T’s**
  - Hypovolemia, Hypoxia, Tension pneumothorax, Thrombosis Coronary, Thrombosis Pulmonary...

**R. Hunter, 60, 65.1 kg**

- **Procedure:** Gastrectomy for gastric cancer
- **Allergies:** Latex
- **Conditions:** Diabetes; chronic angina
- **Meds:** Atenolol 50mg; NTG; Glypizide
- **Surgeries:** Hip replacement (2)
- **Other:** Smoked 40 packs/yr, ceased 10 yr ago; reflux; apparent gastric obstruction

**Services**

- Larry Anesthes.
- Kyle Surgeon
- Chelsea Nurse
- Dannielle Tech
- Robert Surgeon
- Jenny Card
- Linda Nurse
- Jay Neuro

**Help**

- 20 bpm
- 60/40
- 75%
**CPR**

- ≥100 compressions/min, ≥2” deep
- ↓ breaks in CPR, Allow complete chest recoil
- Rotate personnel compressors q2 min
- ETCO2 > 10mmHg?  Arterial line diastolic > 20mmHg?

**Immediate**

- Volatile—OFF; O2—100%; Ventilation—10 breaths/min?; Consider: Local anesthetic...

**Treat**

- Epinephrine— 1mg IV push q 3–5 min

**H&T’s**

- Hypovolemia, Hypoxia, Tension pneumothorax...
**CPR**

- Flat Line, No Pulse

**CPR**

- ≥100 compressions/min, ≥2” deep
- ↓ breaks in CPR, Allow complete chest recoil
- Rotate personnel compressors q2 min
- ETCO2 > 10mmHg? Arterial line diastolic > 20mmHg?

**IMMEDIATE**

- Volatile—OFF; O2—100%; Ventilation—10 breaths/min?; Consider: Local anesthetic...

**TREAT**

- Epinephrine—1mg IV push q 3–5 min

**H&T’s**

- Hypovolemia, Hypoxia, Tension pneumothorax...

---

**R. Hunter, 60, 65.1 kg**

- Procedure: Gastrectomy for gastric cancer
- Allergies: Latex
- Conditions: Diabetes; chronic angina
- Meds: Atenolol 50mg; NTG; Glypizide
- Surgeries: Hip replacement (2)
- Other: Smoked 40 packs/yr, ceased 10 yr ago; reflux; apparent gastric obstruction

**Code Cart**

**Services**

- Larry
  - Anesthes.
- Kyle
  - Surgeon
- Chelsea
  - Nurse
- Dannielle
  - Tech
- Robert
  - Surgeon
- Jenny
  - Cardio
- Linda
  - Nurse
- Jay
  - Neuro
**CPR**

- Flat Line, No Pulse
- ≥100 compressions/min, ≥2” deep
- ↓ breaks in CPR, Allow complete chest recoil
- Rotate personnel compressors q2 min
- ETCO2 > 10mmHg? | Arterial line diastolic > 20mmHg?

**IMMEDIATE**

- Volatile—OFF; O2—100%; Ventilation—10 breaths/min?; Consider: Local anesthetic...

**TREAT**

- Epinephrine—1mg IV push q 3–5 min

**H&T’s**

- Hypovolemia, Hypoxia, Tension pneumothorax...

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**R. Hunter, 60, 65.1 kg**

- Procedure: Gastrectomy for gastric cancer
- Allergies: Latex
- Conditions: Diabetes; chronic angina
- Meds: Atenolol 50mg; NTG; Glypizide
- Surgeries: Hip replacement (2)
- Other: Smoked 40 packs/yr, ceased 10 yr ago; reflux; apparent gastric obstruction
R. Hunter, 60, 65.1 kg

CPR

≥100 compressions/min, ≥2” deep

↓ breaks in CPR, Allow complete chest recoil

Rotate personnel compressors q2 min

ETCO2 > 10mmHg? Arterial line diastolic > 20mmHg?

IMMEDIATE

Volatile—OFF; O2—100%; Ventilation—10 breaths/min?; Consider: Local anesthetic...

TREAT

Epinephrine— 1mg IV push q 3–5 min

H&T’s

Hypovolemia, Hypoxia, Tension pneumothorax...
**CPR**

- Flat Line, No Pulse

**CPR Instructions**

- ≥100 compressions/min, ≥2” deep
- ↓ breaks in CPR, Allow complete chest recoil
- Rotate personnel compressors q2 min
- ETCO2 > 10mmHg? | Arterial line diastolic > 20mmHg?

**Code Cart**

**IMMEDIATE**

Volatile—OFF; O2—100%; Ventilation—10 breaths/min?; Consider: Local anesthetic...

**TREAT**

Epinephrine—1mg IV push q 3–5 min

**H&T’s**

Hypovolemia, Hypoxia, Tension pneumothorax...

**R. Hunter, 60, 65.1 kg**

- Procedure: Gastrectomy for gastric cancer
- Allergies: Latex
- Conditions: Diabetes; chronic angina
- Meds: Atenolel 50mg; NTG; Glypizide
- Surgeries: Hip replacement (2)
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**CPR**

- Flat Line, No Pulse
- **CPR**
  - ≥100 compressions/min, ≥2” deep
  - ↓ breaks in CPR, Allow complete chest recoil
  - Rotate personnel compressors q2 min
- ETCO2 > 10mmHg?  
  Arterial line diastolic > 20mmHg?

**IMMEDIATE**

Volatile—OFF; O2—100%; Ventilation—10 breaths/min?; Consider: Local anesthetic...

**TREAT**

Epinephrine— 1mg IV push q 3–5 min

**H&T’s**

Hypovolemia, Hypoxia, Tension pneumothorax...

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**SIGNS**

- **R. Hunter, 60, 65.1 kg**

**Procedure:** Gastrectomy for gastric cancer

**Allergies:** Latex

**Conditions:** Diabetes; chronic angina

**Meds:** Atenolol 50mg; NTG; Glypizide

**Surgeries:** Hip replacement (2)

**Other:** Smoked 40 packs/yr, ceased 10 yr ago; reflux; apparent gastric obstruction
**CPR**

- Flat Line, No Pulse

**CPR**

- ≥100 compressions/min, ≥2” deep
- \( \downarrow \) breaks in CPR, Allow complete chest recoil
- Rotate personnel compressors q2 min
- ETCO2 > 10mmHg? | Arterial line diastolic > 20mmHg?

**Immediate**

- Volatile—OFF; O2—100%; Ventilation—10 breaths/min?; Consider: Local anesthetic...

**Treat**

- Epinephrine— 1mg IV push q 3–5 min

**H&T’s**

- Hypovolemia, Hypoxia, Tension pneumothorax...
CPR

- ≥100 compressions/min, ≥2” deep
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SIGN

Flat Line, No Pulse

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**IMMEDIATE**

- **Volatile—OFF; O2—100%; Ventilation—10 breaths...**

**TREAT**

- **Epinephrine—1mg IV push q 3–5 mins**

**H&T’s**

- Hypovolemia, Hypoxia, Tension pneumothorax, Thrombosis Coronary, Thrombosis Pulmonary...
**IMMEDIATE**

Volatile—OFF; O2—100%; Ventilation—10 breaths...

**TREAT**

☐ Epinephrine—1mg IV push q 3–5 mins

**H&T’s**

Hypovolemia, Hypoxia, Tension pneumothorax, Thrombosis Coronary, Thrombosis Pulmonary...

**SIGNS**

Flat Line, No Pulse

**CPR**

Resume CPR

**R. Hunter, 60, 65.1 kg**

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**Hypovolemia, Hypoxia, Tension pneumothorax, Thrombosis Coronary, Thrombosis Pulmonary...**

- **CPR**

Resume CPR

**20 bpm**

**60/40**

**75%**
□ Pulseless Electrical Activity  □ VT/VF  □ SVT

**SIGNS**  
Flat Line, No Pulse

**CPR**  
Resume CPR

**IMMEDIATE**  
Volatile—OFF; O₂—100%; Ventilation—10 breaths...

**TREAT**  

**Epinephrine**—1 mg IV push q 3-5 mins

**H&T’s**  
Hypovolemia, Hypoxia, Tension pneumothorax, Thrombosis Coronary, Thrombosis Pulmonary...

---

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Pulseless Electrical Activity

Flat Line, No Pulse

Rescue CPR

IMMEDIATE

Volatile—OFF; O2—100%; Ventilation—10 breaths...

Epinephrine—1mg IV push q 3–5 mins

Hypovolemia, Hypoxia, Tension pneumothorax, Thrombosis Coronary, Thrombosis Pulmonary...

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20 bpm
60/40
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**CPR**
- ≥100 compressions/min, ≥2” deep
- ↓ breaks in CPR, Allow complete chest recoil
- Rotate personnel compressors q2 min
- ETCO2 > 10mmHg? Arterial line diastolic > 20mmHg?

**IMMEDIATE**  
Volatile—OFF; O2—100%; Ventilation—10 breaths/min?; Consider: Local anesthetic...

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Hypovolemia, Hypoxia, Tension pneumothorax...
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**Surgeries:** Hip replacement (2)

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**CPR**
- $\geq 100$ compressions/min, $\geq 2''$ deep
- Breaks in CPR, Allow complete chest recoil
- Rotate personnel compressors q2 min
- ETCO2 $> 10$mmHg?
- Arterial line diastolic $> 20$mmHg?

**IMMEDIATE**
- Volatile—OFF; O2—100%; Ventilation—10 breaths/min?
- Consider: Local anesthetic...

**TREAT**
- Epinephrine— 1mg IV push q 3–5 min

**H&T’s**
- Hypovolemia, Hypoxia, Tension pneumothorax...
CPR

- Flat Line, No Pulse

**CPR**

- ≥100 compressions/min, ≥2” deep
- ↓ breaks in CPR, Allow complete chest recoil
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- ETCO2 > 10mmHg?  Arterial line diastolic > 20mmHg?

**Code Cart**

**IMMEDIATE**

- Volatile—OFF; O2—100%; Ventilation—10 breaths/min?; Consider: Local anesthetic...

**TREAT**

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**H&T’s**

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Hypovolemia, Hypoxia, Tension pneumothorax...

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- **SIGNS**
  - Flat Line, No Pulse

- **Services**
  - Larry Anesthes.
  - Kyle Surgeon
  - Chelsea Nurse
  - Dannielle Tech
  - Robert Surgeon
  - Jenny Cardio
  - Linda Nurse
  - Jay Neuro

- **Help**

- **Code Cart**

- **Immediate**

- **Treat**

- **H&T’s**

- **Procedure**

- **Allergies**

- **Conditions**

- **Meds**

- **Surgeries**

- **Other**

- **20 bpm**
  - 60/40
  - 75%
R. Hunter, 60, 65.1 kg

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CPR

- ≥100 compressions/min, ≥2” deep
- ↓ breaks in CPR, Allow complete chest recoil
- Rotate personnel compressors q2 min

ETCO2 > 10mmHg? Arterial line diastolic > 20mmHg?

CPR

IMMEDIATE

- Volatile—OFF; O2—100%; Ventilation—10 breaths/min?; Consider: Local anesthetic...

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H&T’s

- Hypovolemia, Hypoxia, Tension pneumothorax...
**CPR**

- ≥100 compressions/min, ≥2” deep
- ▼ breaks in CPR, Allow complete chest recoil
- Rotate personnel compressors q2 min

**ETCO2 > 10mmHg?**

Arterial line diastolic

**Flat Line, No Pulse**

**Code Cart**

**IMMEDIATE**

- Volatile—OFF; O2—100%; Ventilation—10 breaths/min; Consider: Local anesthetic...

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- **≥100 compressions/min, ≥2” deep**
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- **ETCO2 > 10mmHg?**
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- Volatile—OFF; O2—100%; Ventilation—10 breaths/min?
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**CONSIDER**
- Antiarrhythmics; HypoMg or Torsades? → MgSO4 2g IV; HyperK?...

**CHECK**
- In the OR: Volatile—OFF, O2—100%; Ventilation—OK?. Always Check: IV...

**TREAT**
- **Defibrillate** — 200 Joules (biphasic)
- **CPR** — RESUME IMMEDIATELY
- **Epinephrine** — 1 mg IV push q 3–5 min
- DEFIB → CPR → MEDS

**SIGNS**
- VTach
- VFib, CPR: ≥ 100...

**PEA**
- 20 bpm
- 60/40
- 75%

**Services**
- Larry Anesthes.
- Kyle Surgeon
- Chelsea Nurse
- Dannielle Tech
- Robert Surgeon
- Jenny Cardio
- Linda Nurse
- Jay Neuro

**Help**
VTach & VFib

**TREAT**

- Defibrillate - 200 Joules (biphasic)
- CPR - RESUME IMMEDIATELY
- Epinephrine - 1 mg IV push q 3-5 min
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□ VTach & VFib

PEA Asys

SIGNS

VTach ~~~~ VFib, CPR: ≥100...

TREAT

□ Defibrillate✨ — 200 Joules (biphasic)

□ CPR — RESUME IMMEDIATELY

□ Epinephrine — 1 mg IV push q 3–5 min

DEFIB — CPR — MEDS

CHECK

In the OR: Volatile—OFF, O2—100%; Ventilation—OK?. Always Check: IV...

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Antiarrhythmics; HypoMg or Torsades?→MgSO4 2g IV; HyperK?...

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CONSIDER

Antiarrhythmics; HypoMg or Torsades? → MgSO4 2g IV; HyperK?...

TREAT

☐ Defibrillate ❤️ — 200 Joules (biphasic)
☐ CPR — RESUME IMMEDIATELY
☐ Epinephrine — 1 mg IV push q 3–5 min
✔ DEFIB → CPR → MEDS

CHECK

In the OR: Volatile — OFF; O2 — 100%; Ventilation — OK?. Always Check: IV...

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- DEFIB→CPR→MEDS

CHECK: In the OR: Volatile—OFF, O2—100%; Ventilation—OK?. Always Check: IV...

R. Hunter, 60, 65.1 kg
- 20 bpm
- 60/40
- 75%

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CONSIDER

Antiarrhythmics; HypoMg or Torsades? → MgSO₄ 2g IV; HyperK?...

TREAT

☑ Defibrillate—200 Joules (biphasic)

☐ CPR ▼ — RESUME IMMEDIATELY

☐ Epinephrine—1 mg IV push q 3-5 min

☑ DEFIB → CPR → MEDS

CHECK

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TREAT

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† DEFIB ➙ CPR ➙ MEDS

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In the OR: Volatile—OFF, O2—100%; Ventilation—OK?. Always Check: IV...

**CHECK**
- VTach & VFib

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DEFIB → CPR → MEDS

CHECK

In the OR: Volatile—OFF, O2—100%; Ventilation—OK?; Always Check: IV...

VTach & VFib

SIGNS

☐ VTach, Vfib, CPR: ≥100...

☐ PEA

☐ Asys
CONSIDER

Antiarrhythmics; HypoMg or Torsades? → MgSO4 2g IV; HyperK?...

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DEFIB → CPR → MEDS

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DEFIB → CPR → MEDS

R. Hunter, 60, 65.1 kg

20 bpm
60/40
75%

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DEFIB ❤ → CPR 🎠 → MEDS

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VTach & VFib

**SIGNS**
- VTach
- VFib, CPR: ≥100...

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DEFIB → CPR → MEDS

VTach & VFib
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DEFIB ➔ CPR ➔ MEDS

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**CONSIDER**

- **Antiarrhythmics**
  - Amiodarone 300mg IV, Lidocaine 100mg IV
- **HypoMg or Torsades?** → MgSO4 2g IV
- **HyperK?** → Ca, insulin & glucose, NaHCO3

**CHECK**

- IV—access?
- Ventilation—OK?

In the OR: Volatile...

**R. Hunter, 60, 65.1 kg**

- **Procedure:** Gastrectomy for gastric cancer
- **Allergies:** Latex
- **Conditions:** Diabetes; chronic angina
- **Meds:** Atenolol 50mg; NTG; Glypizide
- **Surgeries:** Hip replacement (2)
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☐ HyperK?→Ca, insulin & glucose, NaHCO3

SIGNS

CHECK

TREAT
defib→CPR→MEDS

In the OR: Volatile...

Larry
Anesthes.

Kyle
Surgeon

Chelsea
Nurse

Dannielle
Tech

Robert
Surgeon

Jenny
Cardio

Linda
Nurse

Jay
Neuro

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**SIGNS**
- VTach & VFib
- VTach...

**TREAT**
- DEFIB → CPR → MEDS

**CHECK**
- IV—access?
- Ventilation—OK?

**In the OR: Volatile...**
VTach & VFib

TREAT
- Defibrillate—200 Joules (biphasic)
- CPR—RESUME IMMEDIATELY
- Epinephrine—1 mg IV push q 3–5 min

☑ DEFIB ❤ → CPR ⏳ → MEDS

CHECK
In the OR: Volatile—OFF, O₂—100%; Ventilation—OK?. Always Check: IV...

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Surgeries: Hip replacement (2)
Other: Smoked 40 packs/yr, ceased 10 yr ago; reflux; apparent gastric obstruction
In the OR: Volatile—OFF, O2—100%; Ventilation—OK?. Always Check: IV...

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☑️ DEFIB ❤️ → CPR 🧘‍♂️ → MEDS

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Asystole

Flat Line, No Pulse

CPR

≥100 cmprsns/min, ≥2” deep, 8–10 breaths/min

↓ breaks in CPR, Allow complete chest recoil

Rotate personnel compressors q2 min

ETCO2 > 10mmHg? | Arterial line diastolic > 20mmHg?

Code Cart

IMMEDIATE

Volatile—OFF; O2—100%; Ventilation—10 breaths/min?; Consider: Local anesthetic...

TREAT

Epinephrine—1mg IV, Vasopressin 40 units IV...

H&T’s

Hypovolemia, Hypoxia, Tension pneumothorax...

K. Note, 78 yrs, 61.1 kg

Conditions

Pneumonia, shortness of air

Meds

Atenolel 50mg

Other

History of cardiac problems
Asystole

SIGNS
Flat Line, No Pulse

CPR

- ≥100 cmprsns/min, ≥2” deep, 8-10 breaths/min
- ↓ breaks in CPR, Allow complete chest recoil
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H&T’s
- Hypovolemia, Hypoxia, Tension pneumothorax...

Code Cart

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History of cardiac problems

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