

**if cardiac arrest in-hospital patient has a witnessed and monitored**

# ALGORITHM shockable rhythms (VF/VT)

Giving a single precordial thump if defibrillator is not immediately to hand

**CPR : 100 chest compressions/minute : ratio 30 chest compressions for 2 rescue breaths**  
En attente défibrillateur

VF/ pulseless VT

## First Shock

**1 Shock 150-200 J biphasic defibrillator or 360 J monophasic defibrillator**

**2 minutes**

**CPR : 30 compressions to 2 ventilations /airway management + venous access + correct reversible cause**

Pulse present start post-resuscitation care

Check the rhythm ± the pulse

If TV / FV persists

## 2nd Shock

**1 Shock 150-360 J biphasic defibrillator or 360 J monophasic defibrillator**

Asystole

**2 minutes**

**CPR with compression: ventilation ratio of 30:2 /airway management + venous access + correct reversible cause**

Pulse present

Check rhythm ± pulse

Asystole

If TV / FV persists

**Correct reversible causes**  
**4H:** Hypothermia, Hypovolémia, hypoxia, Hyper/hypo Kaliémia.  
**4T:** Toxic, Tamponade, Tension pneumophthorax , Thrombosis coronary or pulmonary

**Adrenaline 1 mg IV or 3 mg tracheal route diluted to at least 10 ml with sterile water**

## 3rd Shock

**1 Shock 150-360 J biphasic defibrillator or 360 J monophasic defibrillator**

**2 minutes**

**CPR with compression: ventilation ratio of 30:2 /airway management + venous access + correct reversible cause**

Asystole

Check rhythm ± pulse

Pulse present start post-resuscitation care

If TV / FV persists

**If VF refractory or hypomagnesaemia suspicion**

**SULPHATE MAGNESIUM** give an initial intravenous dose of 2 g (4 ml (8 mmol)) of 50% magnesium sulphate) peripherally over 1-2 min after diluted in 5% dextrose of 100ml ; it may be repeated after 10-15 min.

## AMIODARONE

Consider an initial intravenous dose of 300 mg, diluted in 5% dextrose volume of 20 ml

## 4th Shock

**1 Shock 150-360 J biphasic defibrillator or 360 J monophasic defibrillator**

**2 minutes**

**CPR compression: ventilation ratio of 30:2 /airway management + venous access + correct reversible cause**

Pulse present start post-resuscitation care

Check rhythm ± pulse

Asystole

If TV / FV persists

**Adrénaline 1 mg IV and repeat every 3-5 min during cardiac arrest**

## Further Shock

**1 Shock 150-360 J biphasic defibrillator or 360 J monophasic defibrillator**

**if hyperkalaemia or tricyclic antidepressant overdose**

## SODIUM BICARBONATE

50 ml sol à 8,4%  
Giving sodium bicarbonate routinely is not recommended

**2 minutes**

**CPR compression: ventilation ratio of 30:2 /airway management + venous access + correct reversible cause**

Asystole

Check rhythm ± pulse

Pulse present start post-resuscitation care

If TV / FV persists

## AMIODARONE

Consider intravenous dose of 150 mg, diluted in 5% dextrose volume of 20 ml followed by an infusion of 900 mg over 24 h.