ACLS – "Code Blue"

Focus
- Patient is dead.
- Check patient's code status
- Get heart & lungs in working order.

Running the Code
- First → Compressions and rhythm-check ASAP
- You need a team. Call the code. Need crash cart. IV, O2, Monitor/defibrillator.
- Shock if shockable rhythm (vfib or pulseless vtach)
- Bag-mask ventilation
- Give epinephrine q3-5 minutes, routinely after every other pulse check
- Pulse check and changing of compression person every 2 min
- Check available vitals (O2, pulse, rhythm, BP)
- Investigate – chart review

Reversible Causes – Hs/Ts
- Hypovolemia
- Hypoxia
- Hydrogen ion (acidosis)
- Hypo/hyper-kalemia
- Hypothermia
- Tension Pneumothorax
- Tamponade -Cardiac
- Toxins
- Thrombosis – pulmonary (PE)
- Thrombosis – Cardiac (ACS)

Drugs cheat-sheet
- Epinephrine: 1 mg (1:10,000) every 3-5 minutes
- Amiodarone: 300 mg → 150 mg

Team
- **Heart team → get pulse & good blood pressure**
  - Pulse checker – carotid & femoral
  - Electricity – pads and defibrillator
  - Compressions – deep, 100 bpm, pulse with compressions
  - Drugs – epinephrine, atropine, amiodarone.
  - Lines – PIV, central lines, arterial lines
- **Lungs team → ventilate**
  - Bag-mask ventilation
  - Intubate
- **Organizing team**
  - EMR – chart reviewer
  - Timer/recorder
  - Runner (for miscellaneous tasks)
  - Leader

Post-ROSC care
- Maintain ABCs. Start pressors if needed.
- EKG & Echo. ACS, PE, tamponade
- Transfer to ICU
- Following commands? Therapeutic hypothermia

Garg's
Simple Medicine
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