



INDICATIONS

Clinical manifestations of cardiorespiratory arrest, likely of medical or non-traumatic origin

Patient Assessment

Cardiac Arrest

Initiate CPR

< 1 mth old	3 compressions: 1 breath
1 mth to 12 years old	15 compressions: 2 breaths
> 12 years old	30 compressions: 2 breaths
Single Rescuer (Any Age)	30 compressions: 2 breaths

AED Rhythm Analysis

Manual Rhythm Analysis

NO

Shockable Rhythm?

YES

Defibrillation via AED OR

Manual Defibrillation at 4 J/kg

APLS / PALS Management

Establish IV/IO Access Insert LMA/LT Monitor ETCO ₂	IV/IO Adrenaline 1:10,000 0.1ml/kg every 3 to 5 minutes	Once LMA/LT inserted, Compression 100 - 120 Ventilation as per age
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Rhythm Check (Every 2min) with evidence of Return of Spontaneous Circulation?

NO

Once maximum analyses performed,
Transport & Standby to
Nearest/ Fastest Hospital

ROSC Management
Refer to CPG-0202-P



HIGH QUALITY CPR

Chest Compression Depth

< 1 year old	3 - 4 cm
1 to 12 years old	4 - 5 cm
> 12 years old	4 - 6 cm

OR 1/3 of the AP diameter of chest

Neonates: 2 thumb encircling method

Infants: 2 thumb encircling method OR 2 finger chest compression technique

Ventilation Strategy (LMA/LT inserted)

< 1 year old	30 bpm (1 every 2s)
1 to 12 years old	20 bpm (1 every 3s)
> 12 years old	12 bpm (1 every 5s)



RHYTHM ANALYSIS

< 1 month old	Cardiac monitoring*
1 month to < 8 yrs	Paeds Pad / Mode
≥ 8 yrs OR ≥ 25 kg	Adult Pad / Mode

*Manual defibrillation (L4) using Paeds Pad

Cardiac Arrest (At Scene)

6 analyses

At least 3 analyses for patients ≥ 1 mth old if scene is hostile or turns chaotic

For neonates < 1 month old, no minimum

Cardiac Arrest (En-route)

EMS are to stop by the roadside for resuscitation for 3 analyses.

Resuscitation while transporting VF/pVT

Shocks may be administered opportunistically e.g. waiting for lift, stopping at traffic junctions, traffic jam

Resuscitation while transporting patient that has changed to shockable rhythm

1 deliberate stop for analysis up to 3 is advised