Cardiac Arrest Scenario
Asystole

28yr old male is found to be unintubatable after induction for emergency appendicectomy. All oxygenation attempts by a trainee have failed; you are the starred consultant and are called urgently to Theatre 4 anaesthetic room. On arrival the monitor shows asystole and all staff present are panicking!

What do you want to do?

1. Check for Airway, Breathing, and Circulation
2. Call for help (crash team)
3. Check leads and gain
4. Commence CPR at 30:2, minimise interruptions
5. Give 1mg adrenaline immediately (iv access in situ)
6. Continue CPR 30:2 for 2 mins and check for pulse if changes on ECG, minimise interruptions
7. Identify causes (4Hs and 4Ts)
8. Intubate with consummate ease!
9. Continue loops at 30:2 (asynchronous when intubated)
10. Adrenaline every 3-5 minutes

During CPR:

- Ensure high quality CPR, rate, depth and recoil
- Plan actions before interrupting CPR
- Consider advanced airway and capnography
- Correct reversible causes

After 4-5 loops and the 4Hs and 4Ts have been identified, the rhythm changes to sinus tachycardia with a palpable pulse. Scenario ends.

Discuss post arrest management:
1. Bloods (FBC, U&E, TropT, glucose, ABG)
2. 12 lead ECG
3. CXR
4. Invasive monitoring and ventilation
5. Critical care

Discussion:
Routine atropine no longer recommended in ALS guidelines for aystole/PEA

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Equipment:

- **Mannequin**
- **Facemask and green tubing**
- **Self inflating AMBU bag and mask**
- **Defibrillator/monitor**
- **Cannulae**
- **IV fluids**
- **Drugs – adrenaline**
- **Equipment for intubation – laryngoscope, ETT**

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