

Asystolic cardiac arrest scenario

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 3 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 BLS at 30:2**
5. **Give 1mg Adrenaline stat via iV access (assumed in situ)**
6. **Continue BLS 30:2 and check for pulse if changes on ECG**
7. **Identify cause (4Hs and 4Ts)**
8. **Intubate with consummate ease!**
9. **Consider; atropine 3mg x1, fluids.**
10. **Continue loops at 30:2 (continuous ECM when intubated)**
11. **Adrenaline every 3-5 minutes**

After 4-5 loops and the **4Hs** and **4Ts** have been identified, the rhythm changes to sinus tachy and a pulse returns. Scenario ends.

Discuss post arrest management:

1. ITU
2. Ventilation
3. Bloods (FBC, U&E, TropT, ABG)
4. 12 lead ECG
5. CXR

Equipment:

As A Skillsmaster', table, defib, green tubing, facemask, AMBU bag, BOC mask, venflon, iV, drugs (adr/atropine/amiodarone/lignocaine).

Laryngoscope & ET tube, ALS algorithm on wall.