Emergencies

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Codes

- Approach:
    a. Ask: “Who is leading the code?”
    b. CBA +/- D

Cardiac arrest

1. Circulation: Check pulse, code status, IV access; **start CPR** (goal CPP >15 with 100-120 rate)
2. Breathing: **Bag valve mask** (30 compressions:2 breaths)
3. Airway: Consider ET Tube for patent airway (1 breath every 6 seconds, i.e RR of 10)
4. **Defibrillator**
    a. pVT/Vfib: Epinephrine 1mg IV (q3-5mins), shocks -> Amiodarone 300mg IV
    b. PEA/Asystole: Epinephrine 1mg IV (q3-5mins)
5. Other
    a. Ask for IV or I/O access
    b. Assign roles: CPR, ambubag, medications, reporter
    c. Ask for POC glucose
    d. Ask for brief history and labs
    e. Tell someone to inform the family
    f. Check pulse & rhythm every 2 minutes

Bradycardia

1. Circulation: Check pulse, code status, IV access; attach transcutaneous pacer pads
2. Breathing: Oxygen if hypoxemic
3. Airway: Consider ET Tube for patent airway
4. Stability
    a. Unstable: Atropine 1mg IV (q3-5mins) -> transvenous pacing
    b. Stable: CTM

Tachycardia

1. Circulation: Check pulse, code status, IV access; attach pads
2. Breathing: Oxygen if hypoxemic
3. Airway: Consider ET Tube for patent airway
4. Stability
    a. Unstable: Synchronized cardioversion
    b. Stable SVT: Vagal maneuvers -> Adenosine 6mg IV -> Adenosine 12mg IV
    c. Stable VT: Amiodarone 150mg IV

Rapid responses

- See the patient
- CBA + VS-ABCDE

Red flag signs

- Essentially when to call your senior and/or rapid