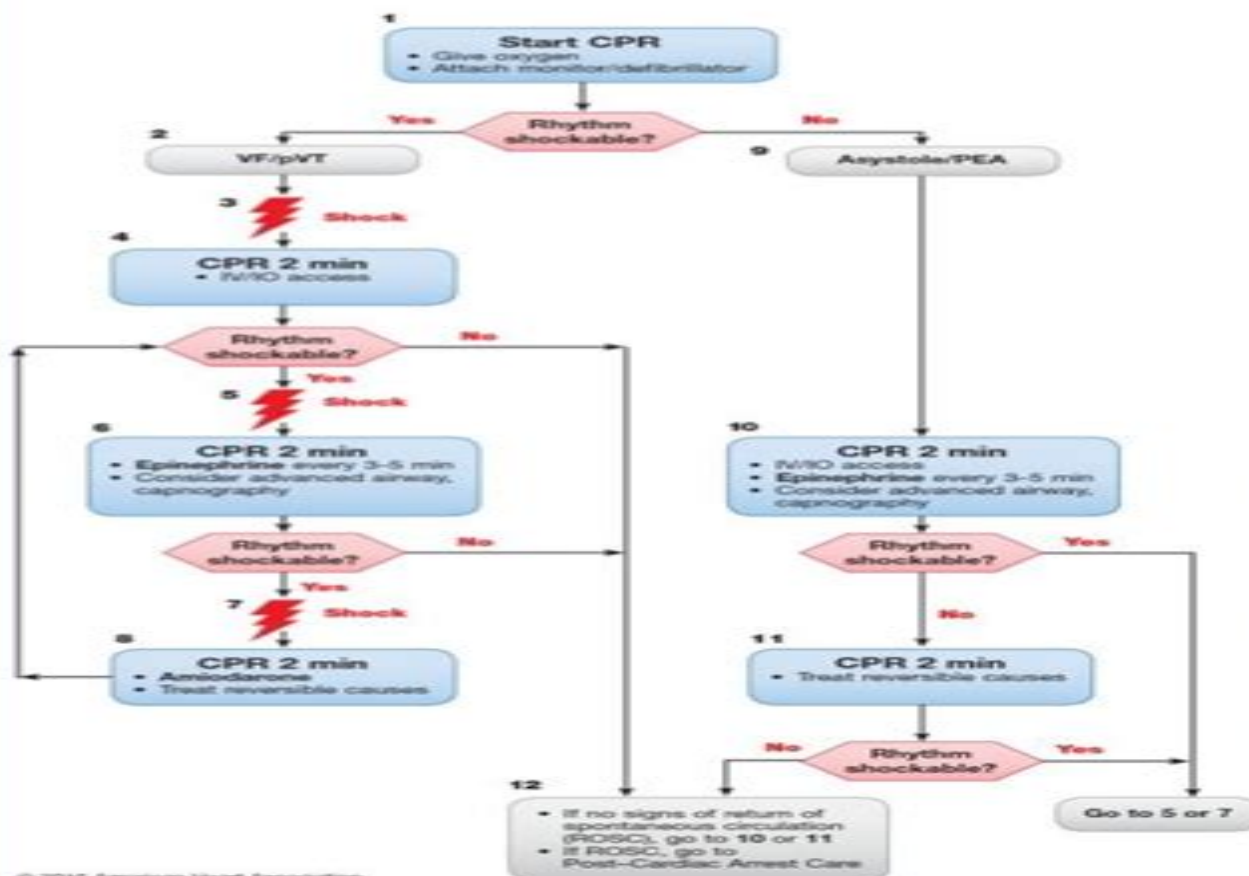


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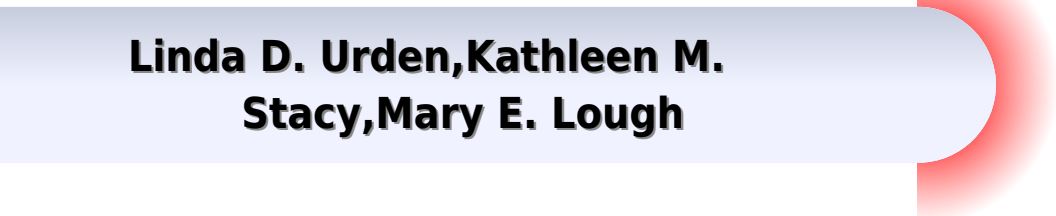
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CPR Quality
- Push hard (at least 2 inches [5 cm]) and fast (100-120/min) and allow complete chest recoil. - Minimize interruptions in compressions. - Avoid excessive ventilation. - Rotate compressor every 2 minutes, or sooner if fatigued. - If no advanced airway, 30:2 compression-ventilation ratio. - Quantitative waveform capnography - If P_{ETCO_2} <10 mm Hg, attempt to improve CPR quality. - Intra-arterial pressure - If relaxation phase (diastolic) pressure <20 mm Hg, attempt to improve CPR quality.
Shock Energy for Defibrillation
Biphasic: Manufacturer recommendation (eg, initial dose of 120-200 J; if unknown, use maximum available. Second and subsequent doses should be equivalent, and higher doses may be considered. Monophasic: 360 J
Drug Therapy
Epinephrine N/IO dose: 1 mg every 3-5 minutes Amiodarone N/IO dose: First dose: 300 mg bolus. Second dose: 150 mg
Advanced Airway
- Endotracheal intubation or supraglottic advanced airway - Waveform capnography or capnometry to confirm and monitor ET tube placement - Once advanced airway in place, give 1 breath every 6 seconds (10 breaths/min) with continuous chest compressions
Return of Spontaneous Circulation (ROSC)
- Pulse and blood pressure - Absent sustained increase in P_{ETCO_2} (typically >40 mm Hg) - Spontaneous arterial pressure waves with intra-arterial monitoring
Reversible Causes
- Hypovolemia - Hypoxia - Hydrogen ion (acidosis) - Hypo-/hyperkalemia - Hypothermia - Tension pneumothorax - Temporade, cardiac - Toxins - Thrombosis, pulmonary - Thrombosis, coronary

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**Linda D. Urden, Kathleen M.
Stacy, Mary E. Lough**



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Cardiopulmonary Resuscitation and Emergency Cardiovascular Care and the 2015 International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science With Treatment Recommendations NEW Improved format integrates all case studies into the appropriate chapters so that you can apply concepts immediately to real world situations **ACLS, CPR, and PALS** Shirley A. Jones, 2014-03-24 Here s all the information you need to respond to cardiac emergencies in one pocket sized book This quick reference guide provides easy to access coverage of all three levels of care infant child and adult plus listings for all drugs required for ACLS and PALS in both adult and pediatric dosages

Office Based Anesthesia Complications Gary F. Bouloux, 2020-12-17 This book is based on the most common office based anesthesia complications that have been identified over the last 10 years This has allowed the development of a presentation on the prevention recognition and management of office based anesthesia complications to be delivered over 10 years to thousands of oral and maxillofacial surgeons in an attempt to reduce the incidence of future complications This text provides detailed methods to allow the oral and maxillofacial surgeon anesthetist and anesthesiologist to risk stratify patients as well as prevent recognize and manage the most common anesthesia related complications Additionally it describes how to run an ideal Advanced Cardiac Life Support ACLS driven megacode identify differences in pediatric anesthesia and ideally manage opioid needs of the oral and maxillofacial surgery patient Office Based Anesthesia Complications is based on the most common anesthesia related complications that have been documented over more than 20 years of data collection for Oral and Maxillofacial Surgery *Field Guide to the Arrhythmias* Ellis Lader, 2013-02-26 The cardiac unit is a jungle inhabited by fierce nurses killer intensivists marauding attendings various flesh eating specialists sick patients and lots of arrhythmias from the Preface Can you recognize the call of the normal sinus rhythm Name the natural habitat of Multifocal Atrial Tachycardia or Ventricular Fibrillation Are you well versed in the proper care and feeding of Asystole and Atrial Flutter If you answered no to any of these questions then you need this trusty guide to help you identify and respond to arrhythmias in the veritable wilderness of the busy hospital ward Created by a seasoned physician educator at a major urban medical center and inspired by the field guides used by birders botanists and the like to identify flora or fauna in the wild this new book offers a unique and uniquely humorous approach to mastering the ever vexing challenge of arrhythmia identification Each arrhythmia is covered beginning with a sample ECG strip followed by brief text describing its significant characteristics where and when it is likely to be encountered its Habitat comments questions and queries likely to be heard from physicians and other colleagues on the ward the Call and finally what steps the reader needs to take upon identifying the arrhythmia in a patient Care and Feeding Dr Lader s approach brings the sights and sounds of a modern hospital to life enabling you to understand arrhythmia diagnosis and clinical response in context and his offbeat sometimes irreverent humor makes each detail memorable Fifty self assessment questions are included to help you master arrhythmia essentials and test your knowledge

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Mosier,Darren A. Braude,2022-09-30 Long recognized as the gold standard emergency airway management textbook The Walls Manual of Emergency Airway Management Sixth Edition remains the most trusted reference on this challenging topic This practical reference edited by Drs Calvin A Brown III John C Sakles Nathan W Mick Jarrold M Mosier and Darren A Braude is the foundation text for these nationally recognized programs The Difficult Airway Course Emergency™ The Difficult Airway Course Critical Care™ The Difficult Airway Course EMST™ and The Difficult Airway Course Residency Edition™ Its hands on approach provides the concrete guidance you need to effectively respond wherever adult or pediatric airway emergencies may occur including in and out of hospital settings emergency departments and urgent care centers

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