Evaluation and Treatment of H's and T's in Cardiac Arrest

*****KEY POINT*****

It is not necessary to check BGL or treat hypoglycemia during cardiac arrest. Evaluate BGL after ROSC is achieved and treat accordingly.

It is not necessary to give naloxone during cardiac arrest. Consider naloxone in post-resuscitative efforts.

Hypoxia (Patient with a history of Asthma or COPD)	If wheezing/decreased lung sounds, give nebulizer with Albuterol/Ipratropium and consider magnesium if patient has a history of COPD or asthma.
Hypovolemia/Tamponade Suspected	Fluid bolus of 500ml, repeated as necessary to a max of 20ml/kg
Hypothermia (Patient tympanic temperature <90°F)	Allow 30-45 seconds to ascertain if carotid pulse present. If ANY pulse is detected, **DO NOT PERFORM CPR** Defibrillation should only be performed once at 360J See Hypothermia Guideline
Hyperkalemia (Patient with a history of renal insufficiency)	Calcium Chloride 1gm or Calcium Gluconate 3gm IV/IO **AND** Sodium Bicarbonate 1mEq/kg IV/IO (give Sodium Bicarb in a dedicated line) **AND** Albuterol 15mg nebulized
Tension Pneumothorax	Needle Chest Decompression
Tricyclic Antidepressant Overdose	Sodium Bicarbonate 1mEq/kg IV/IO (give Sodium Bicarb in a dedicated line)
Calcium Channel Blockers	Calcium Chloride 1gm or Calcium Gluconate 3gm IV/IO
Beta Blockers	Calcium Chloride 1gm or Calcium Gluconate 3gm IV/IO If PEA wide QRS (>140ms), consider Sodium Bicarbonate 1mEq/kg IV/IO (give Sodium Bicarb in a dedicated line)
Torsades de Pointes	Magnesium Sulfate 2g IV/IO slow push