MODE: CODE BLUE · BLS + ACLS · NGN NCLEX-RN

HR — SpO₂ — RHY SINUS

CODE BLUE

CPR · CARDIAC ARREST · BLS & ACLS ALGORITHMS — HIGH-YIELD MUST-KNOW REVIEW

FLASHCARDS | REFERENCE TABLES | INFOGRAPHIC

ONE-PAGE HIGH-YIELD · MUST-KNOW

THE CODE, START TO ROSC

FIRST 60 SECONDS — BLS

- **Scene safe?** → tap & shout
- **No response** → call code + get AED/defib
- **Check breathing + pulse together** ≤10 sec
- **No pulse** → compressions 100–120/min
- Firm surface · full recoil · pause <10 sec

QUALITY TARGETS — DO

- Depth adult 2–2.4 in · ratio 30:2
- Switch compressor every 2 min
- Compression fraction ≥60%
- $ETCO_2$ >10 = adequate · sudden ↑ = ROSC
- Don't over-ventilate

NEVER DO — STOP

- **Check pulse after a shock** → resume CPR instead
- **Shock asystole / PEA** → non-shockable
- **Hyperventilate** the patient
- **Blind finger sweep** in choking
- **Abdominal thrusts** on an infant

THE ARREST ALGORITHM

SHOCKABLE · VF / PVT — SHOCK

1. **Defibrillate** → resume CPR 2 min, get IV/IO
2. **Shock** → CPR 2 min + **Epi 1 mg** q3–5 min
3. **Shock** → CPR 2 min + **Amiodarone 300 mg**
- ↻ Continue; amio 150 mg once; treat H's & T's

NON-SHOCKABLE · ASYSTOLE / PEA — NO SHOCK

1. **High-quality CPR** — no defibrillation
2. **Epinephrine 1 mg** ASAP, then q3–5 min
3. **Find & fix the cause** (H's & T's)
- ↻ Rhythm check q2 min — convert to shockable path if VF/pVT

REVERSIBLE CAUSES — H & T

- **H:** Hypovolemia · Hypoxia · H^+ (acidosis) · Hypo/Hyperkalemia · Hypothermia
- **T:** Tension pneumo · Tamponade · Toxins · Thrombosis-PE · Thrombosis-MI
- Dialysis + peaked T → hyperkalemia → calcium first
- Chest surgery/trauma + PEA → tension pneumo / tamponade

AED ESSENTIALS — DEFIB

- On → pads (bare/dry) → clear & analyze → shock → **CPR**
- Water/patch → dry/remove first · pacer → pad ≥1 in away
- Pregnancy → use normally
- Child <8 yr → peds pads/attenuator if available, else adult

AFTER ROSC — RECOVER

- SpO_2 92–98% · $PaCO_2$ 35–45 (no hyperventilation)
- SBP ≥90 / MAP ≥65
- 12-lead ECG → cath lab if STEMI
- TTM 32–36°C ×24 h if comatose
- Treat the cause

CHOKING — FBAO

- Responsive adult/child → **abdominal thrusts**
- Pregnant / obese → **chest thrusts**

SPECIAL SITUATIONS — MODS

- **Pregnancy:** left uterine displacement; perimortem C-section ~5 min
- **Opioid:** CPR first if pulseless; naloxone adjunct

TEAM DYNAMICS — CODE

- Clear leader · named roles
- Closed-loop: order → read-back → report done

- Infant → **5 back slaps + 5 chest thrusts**
- Unresponsive → **CPR**, remove only a **visible** object

- **Hypothermia:** "not dead until warm & dead"
- **Drowning:** hypoxic → emphasize ventilation

- Speak up (constructive intervention)
- Timekeeper calls the 2-min cycles

⚑ **Highest-yield reflexes:** recognize arrest fast (unresponsive + no breathing + no pulse) · compressions 100–120/min, 30:2 · defibrillate VF/pVT early · post-shock = CPR, not pulse check · epi for every rhythm, amio only for shockable · treat the H's & T's in PEA/asystole · protect the brain after ROSC.
