

# CPR Algorithm



**Unresponsive, Apneic Patient**

**Initiate CPR Immediately**

**Basic Life Support**

**1 full cycle = 2 minutes**

uninterrupted compressions/ventilation

**1**

**Chest Compressions**

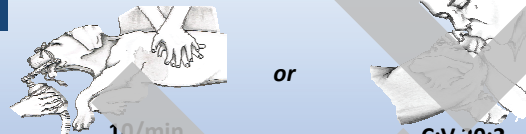


**100-120/min**

- Lateral recumbency
- 1/2 - 1/3 chest width

**2**

**Ventilation**



**10/min**

- Intubate in lateral
- Simultaneous compressions

or

**C:V 30:2**

- Interpose compressions

**Advanced Life Support**

**3**

**Initiate Monitoring**

- Electrocardiogram (ECG)
- End Tidal CO<sub>2</sub> (ETCO<sub>2</sub>)
- >15 mmHg = good compressions

**4**

**Obtain**

**Vascular Access**

**5**

**Administer Reversals**

- Opioids – Naloxone
- α<sub>2</sub> agonists – Atipamezole
- Benzodiazepines – Flumazenil

**Evaluate Patient  
Check ECG**

**ROSC**

**Post-CPA  
Algorithm\***

**VF / Pulseless VT**

**Asystole / PEA**

- Continue BLS, charge defibrillator
- Clear and give 1 shock  
or *Precordial Thump* if no defibrillator
- With prolonged VF/VT, consider
- Amiodarone or Lidocaine
- Epinephrine / Vasopressin every other cycle
- Increase defibrillator dose by 50%

- Low dose Epinephrine and/or Vasopressin  
every other BLS cycle
- Consider Atropine every other BLS cycle
- With prolonged CPA > 10 min, consider
- High dose Epinephrine
- Bicarbonate therapy

**Basic Life Support**

**Change compressor ♦ Perform 1 full cycle = 2 minutes**

Adapted with permission from the *Journal of Veterinary Emergency and Critical Care*, 22(S1) 2012, page S104

\*See the RECOVER Post-Cardiac Arrest Care Algorithm, page S106



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