

Cardiac arrest rhythm quick card

For the defibrillator. Confirm arrest, start compressions, attach pads, check the rhythm, then follow the side of the card that matches.

SHOCKABLE	NON SHOCKABLE
Ventricular fibrillation. Chaotic waves, no QRS. Pulseless ventricular tachycardia. Wide, regular, fast, no pulse.	Asystole. Flat line. Confirm gain up, second lead, electrodes attached. Pulseless electrical activity. Organised rhythm, no pulse.
1. Shock once (200 J biphasic or maximum monophasic) 2. Compressions immediately, 2 minutes, charge during compressions 3. Rhythm check, shock again if shockable 4. After the 3rd shock: adrenaline 1 mg, then every 3 to 5 min; amiodarone 300 mg (150 mg after the 5th shock) 5. Airway, oxygen, IV or IO access, treat causes	1. Compressions, 2 minute cycles, minimal pauses 2. Adrenaline 1 mg as soon as access is obtained, then every 3 to 5 min 3. Rhythm check every 2 minutes; if shockable, move to the left column 4. Airway, oxygen, IV or IO access 5. Find and treat the reversible cause (below)

Reversible causes, four H and four T (reordered for African hospitals)

Cause	Clue	Action
Hypoxia	Low saturation, airway problem	Airway, 100% oxygen, ventilate
Hypovolaemia	Bleeding, diarrhoea, sepsis, flat veins	Fluids, blood, stop the bleeding
Hyperkalaemia / metabolic	Renal failure, tented T, wide QRS	Calcium gluconate 10% 10 ml, insulin with glucose, salbutamol, dialysis
Hypothermia	Cold, Osborn wave	Rewarm, continue CPR
Tension pneumothorax	Trauma, ventilation, absent breath sounds, tracheal shift	Needle then chest drain
Tamponade	Tuberculosis, malignancy, distended neck veins, muffled sounds	Pericardiocentesis
Toxins	Drugs, organophosphates, local anaesthetic	Antidote, lipid emulsion
Thrombosis	Coronary or pulmonary	Fibrinolysis, PCI where available

Bradycardia with a pulse (AHA 2020)

Unstable (hypotension, altered mental state, shock, chest pain, heart failure): atropine 1 mg IV, repeat to 3 mg. If ineffective: transcutaneous pacing, or dopamine 5 to 20 mcg/kg/min, or adrenaline 2 to 10 mcg/min. Complete block or type II block: pace early and refer for a permanent pacemaker.

Torsades de pointes

Magnesium sulphate 2 g IV, correct potassium, stop QT prolonging drugs, pace or isoprenaline if bradycardic. Shock if pulseless.

Adapted from ILCOR consensus, AHA 2020 and ERC 2021 adult advanced life support algorithms. Check local protocols. ERAS Africa ECG course, 2026.