



Cardiac Arrest Setup

Setting up a resus room for a Cardiac Arrest pre-alert

Important information to gather:

1. How much time do you have? If you have very little time, attempt to set up the most important parts first and you can get the rest as you need later
2. Is CPR ongoing or has ROSC been achieved?
3. Is this a traumatic arrest or a medical arrest? If traumatic, more likely to need increased interventions and best to take in Resus 1
4. What is the age of your patient? Adult or paediatric? Which team do you need to call?

Once you know these details (if they're available to you!) you can start setting up.

Put out the call to necessary teams - for an adult non-traumatic arrest, bleep the A&E SpR on 4138 and inform them of incoming arrest. Some cardiac arrest calls will be managed 'in-house' (by ED team) - confirm this with doctor in charge of resus.

If primary cardiac event confirmed/suspected (VT/VF/ST elevation seen on ECG with pre-hospital team) fast bleep cardiology on 4444.

For a traumatic arrest - put out adult trauma call using 4444.

A & B - Airway and Breathing

- Is the patient tubed? If so, set up for an intubated patient
- Ensure OxyLog is charging and attached to O2
- Ensure the airway trolley is either sealed or safely stocked

- Ensure basic oxygen equipment (nasal cannula, NRB) is present and within easy reach

C - Circulation

- Ensure monitoring equipment is ready - BP cuff, three lead, sats probe
- Is CPR ongoing? Have LUCAS ready to swap with pre-hospital LUCAS
- Turn defibrillator on and switch to manual mode - open pads and be ready to attach
- ECG readily available
- Have a tray ready with cannula equipment set up - the bigger the better in trauma/arrest
- Blood tubes - one of each and two purple (one for group and screen)
- Blood track machine - make sure it's charged and ready to be used!
- Belmont machine and tubing (for traumatic arrest)
- Major Haemorrhage Pack if needed - call 4444 and ask for MHP, they will put you through to blood bank who will ask some questions about the patient (for traumatic arrest)

D & E - Disability, Drugs and Exposure

- Trauma mattress on the bed with sheet (folded in half, with more sheet on the foot end)
- Have blue cardiac arrest box ready in room - these contain adrenaline, amiodarone and saline
- Black RSI bag at bedside - these contain propofol, metaraminol, rocuronium, flushes and drug labels
- Set up a second blue tray with drugs - fill with 10 and 20ml syringes, plenty of normal saline
- Ensure you (or another member of the nursing team) has the keys for the CD cupboard readily available

Who will be in the room?

ITU reg/ED doctor - airway doctor, will take over airway from pre-hospital and set up ED ventilator or will set up for intubation/airway protection if needed

ED resus reg/consultant - will act as team leader, will assign roles to others

Nursing team - if CPR ongoing, more nursing team needed. Senior member of nursing team to act as scribe and to call out timing. Other members of team to gain access, set up monitoring, deliver shocks if needed

ENSURE THAT FAMILY ARE INFORMED/INVOLVED

NIC/senior nurse and senior doctor to have early discussion with family, allow into room as early as possible