



มหาวิทยาลัยราชภัฏนครปฐม



Adult and Geriatric Nursing Practicum 2

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Cardiac Arrest

cardiac arrest is When the heart stops beating, blood cannot properly circulate around the body and the blood flow to the brain and other organs is decreased.

Chain of Survival



(American Heart Association, 2023)

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Cardiac Arrest

D DANGER
Ensure the area is safe for yourself, others and patient.

R RESPONSE
Check for response – ask name – squeeze shoulders.
No response Response

- Make comfortable
- Monitor response

S SEND FOR HELP
Call for an ambulance or ask another person to make the call

A AIRWAY
Open mouth – if foreign material present. Place in recovery position. Clear airway with fingers.

B BREATHING
Check for breathing – Look, Listen, Feel
Not normal breathing Normal breathing

- Place in recovery position
- Monitor breathing

C CPR
Start CPR – 30 chest compression: 2 breaths.
Continue CPR until help arrives or patient

D DEFIBRILLATION
Apply defibrillates if available and follow voice precepts.

Basic life support



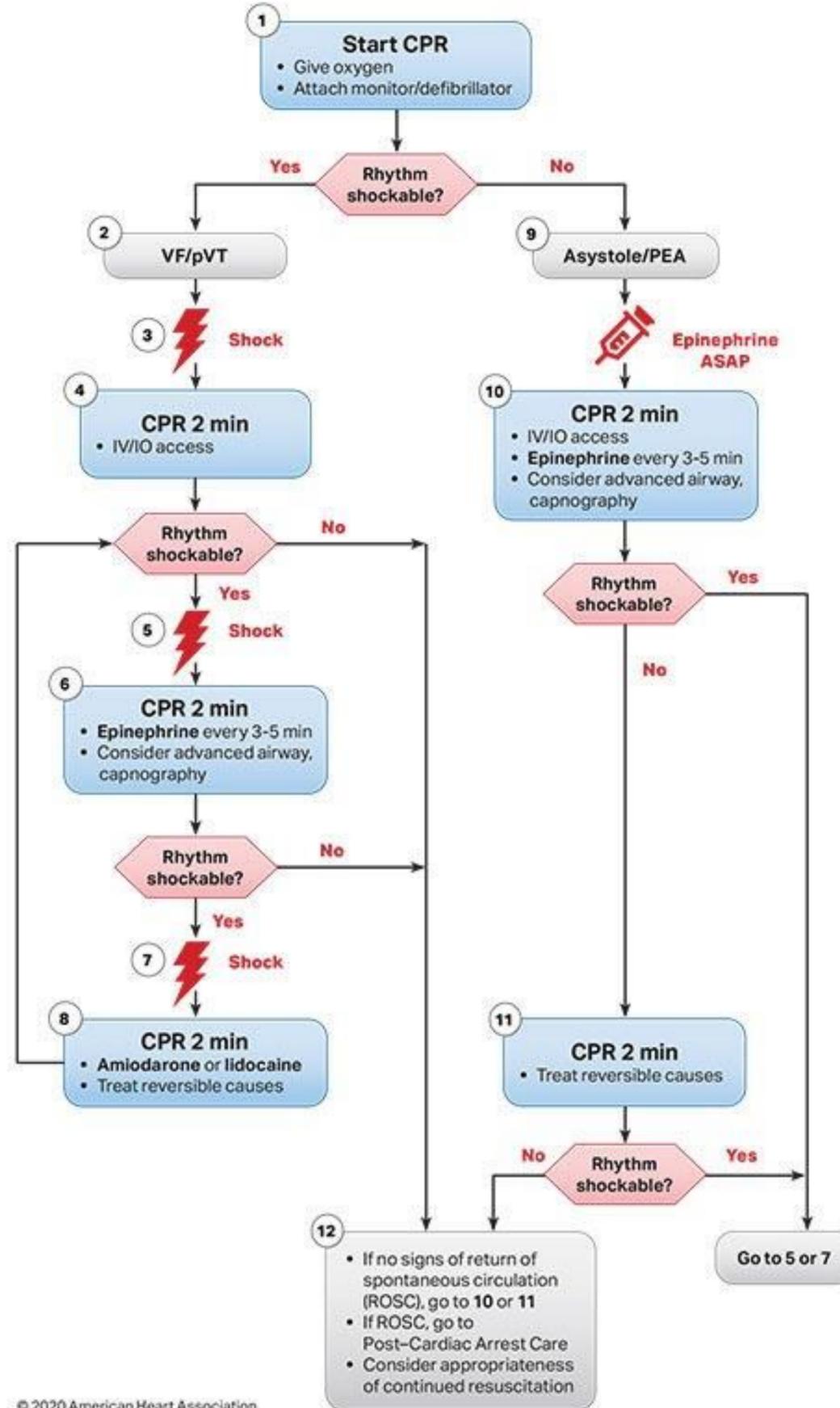
Position Hands Over Sternum

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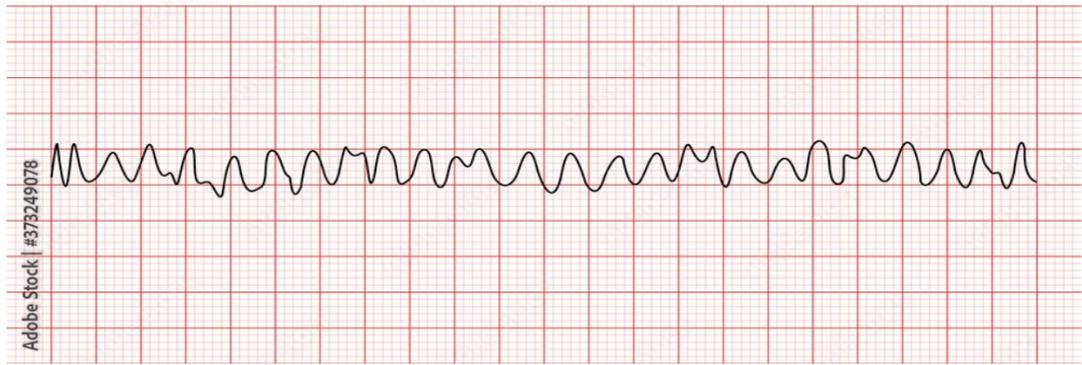


Cardiac Arrest



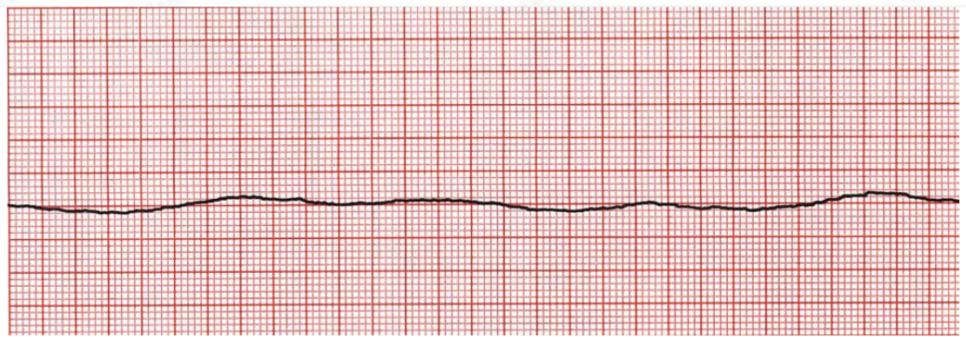
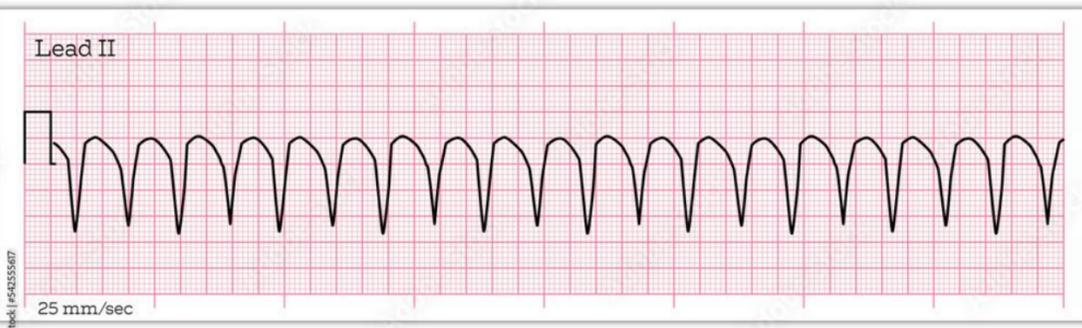
CPR Quality
<ul style="list-style-type: none"> • Push hard (at least 2 inches [5 cm]) and fast (100-120/min) and allow complete chest recoil. • Minimize interruptions in compressions. • Avoid excessive ventilation. • Change compressor every 2 minutes, or sooner if fatigued. • If no advanced airway, 30:2 compression-ventilation ratio. • Quantitative waveform capnography <ul style="list-style-type: none"> - If PETCO₂ is low or decreasing, reassess CPR quality.
Shock Energy for Defibrillation
<ul style="list-style-type: none"> • Biphasic: Manufacturer recommendation (eg, initial dose of 120-200 J); if unknown, use maximum available. Second and subsequent doses should be equivalent, and higher doses may be considered. • Monophasic: 360 J
Drug Therapy
<ul style="list-style-type: none"> • Epinephrine IV/IO dose: 1 mg every 3-5 minutes • Amiodarone IV/IO dose: First dose: 300 mg bolus. Second dose: 150 mg. or • Lidocaine IV/IO dose: First dose: 1-1.5 mg/kg. Second dose: 0.5-0.75 mg/kg.
Advanced Airway
<ul style="list-style-type: none"> • Endotracheal intubation or supraglottic advanced airway • Waveform capnography or capnometry to confirm and monitor ET tube placement • Once advanced airway in place, give 1 breath every 6 seconds (10 breaths/min) with continuous chest compressions.
Return of Spontaneous Circulation (ROSC)
<ul style="list-style-type: none"> • Pulse and blood pressure • Abrupt sustained increase in PETCO₂ (typically ≥40 mm Hg) • Spontaneous arterial pressure waves with intra-arterial monitoring
Reversible Causes
<ul style="list-style-type: none"> • Hypovolemia • Hypoxia • Hydrogen ion (acidosis) • Hypo-/hyperkalemia • Hypothermia • Tension pneumothorax • Tamponade, cardiac • Toxins • Thrombosis, pulmonary • Thrombosis, coronary

Ventricular Fibrillation (VF)



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Ventricular Tachycardia Monomorphic



(American Heart Association, 2023)

Cardiac Arrest

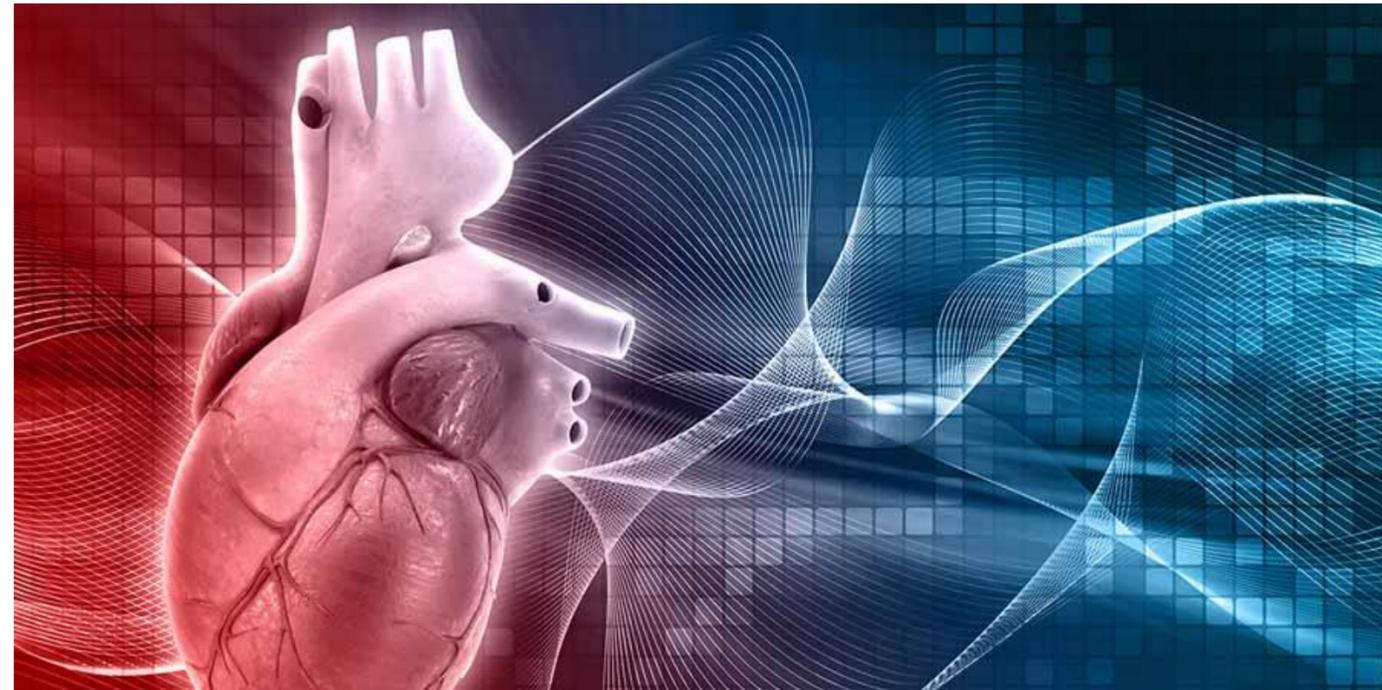


6 H's

- Hypo or Hyperkalemia
- Hypoglycemia
- Hypothermia
- Hypovolemia
- Hypoxia
- H⁺ (Acidosis)

6 T's

- Tension Pneumothorax
- Tamponade (Cardiac)
- Thromboembolism (Massive PE)
- Thrombosis (Coronary)
- Trauma (Stunned myocardium)
- Toxins (Drug OD, ingestions)



<https://images.app.goo.gl/voah8EViTgEojDGb9>

(American Heart Association, 2023)



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