



12. ARREST in a ventilated patient

Sudden loss of a pulsatile arterial blood pressure – MAP < 40 mmHg and falling

1 Press the red emergency button

2 ASSESS the patient (up to 10 seconds)

➤ Assess the ECG

- Shockable rhythm? Yes: GO TO ⇒ CHKLIST 1
- Disconnect the pacing or pause it transiently. Shockable rhythm? Yes: GO TO ⇒ CHKLIST 1
- Bradycardia/Asystole GO TO ⇒ CHKLIST 2

➤ Assess a central pulse (femoral/carotid)

- If present consider a monitoring problem. Check level. Check zero. Check arterial line patent. Consider NIBP measurement
- If absent or not sure GO TO ⇒ CHKLIST 3

➤ Assess the other waveforms including capnography if displayed

- If CVP or PAP waveforms pulsatile verify arterial line patent
- If capnography normal and continues to be normal check transducers

➤ REMOVE patient from ventilator, place on ambubag

- Assess chest rise, auscultate chest
- Consider gas trapping, anaphylaxis GO TO ⇒ CHKLIST 11, trachy displacement GO TO ⇒ CHKLIST 9 or ETT displacement GO TO ⇒ CHKLIST 10

3 Commence CPR

4 Reassess and choose either checklist 1, 2 or 3

During CPR

Airway	Assess and secure with ETT
Ventilation	Ventilate at 8-10 breath/min and assess capnograph
Circulation	Confirm IV or IO access, IV fluids wide open
IABP	Switch to pressure trigger
Assign roles	See below

Potential Roles in a Resuscitation

Leader
Communication
Scribe
Airway / Breathing
Airway assistant
Chest compressions / Assess circulation
Chest compressions / Assess circulation 2
Drugs 1
Drugs 2
Relatives
Equipment / procedure assistant

Remember you may not have enough staff to fill all roles. If this happens it is the Leader's job to prioritize roles



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