DOSES BELOW

Cardiac arrest in the operating room

START HERE · Start CPR and call the arrest team
Use 100% oxygen and attach the defibrillator. Check the arterial waveform if present. Ask for the surgical phase and likely reversible causes.

Which rhythm or arrest pathway applies?

Shockable · VF or pulseless VT	Shock, then immediately resume CPR for 2 min. After shock 3 give epinephrine and amiodarone. Recheck rhythm every cycle.
Nonshockable · PEA or asystole	Give epinephrine as soon as feasible. Continue CPR cycles and correct reversible causes.
Highly monitored arrest with continuous arterial pressure	If using the dedicated RCUK pathway, consider small initial IV epinephrine increments as shown below.

DOSE AND ADMINISTRATION

First biphasic shock Guideline	**First shock: at least 150 J for rectilinear or truncated exponential biphasic; 130–150 J for pulsed biphasic. If the setting is unknown, use the highest energy.** [6]
Epinephrine · standard adult ALS Guideline	**Adrenaline 1 mg IV. Consider IO if rapid IV access fails after two attempts. Repeat every 3-5 min.** [6]
Epinephrine · highly monitored pathway Guideline	**Adrenaline 50-100 micrograms IV per initial increment. After 1 mg total without response, consider 1 mg IV every 3-5 min.** [6]
Amiodarone · shockable arrest Guideline	**Amiodarone 300 mg IV after 3 shocks, then 150 mg IV after 5 shocks.** [6]

Reassess and escalate · Look for hemorrhage, potassium disturbance, embolism, tamponade and surgical compression. After ROSC, stabilize and hand over.

Clinical scope · The complete ALS algorithm contains rhythm- and setting-specific drug/defibrillation sequences. This aid is not a replacement algorithm or a rule for ending resuscitation.

Official algorithm

Sources [2] ILTS / LICAGE / SATA 2021 • [6] RCUK ALS 2025