2005 ACLS Guidelines

Action	2005 Guidelines
Confirming ET Tube Placement	• Use clinical assessment plus "additional" confirmation methods (eg, $ETCO_2$ detector, esophageal detector devices (EDD)[1] • Assess tube placement: ▪ Immediately after insertion ▪ After securing tube ▪ During transport ▪ After any patient movement [1] $ETCO_2$ detector and EDDs no longer considered "secondary" confirmation devices.
Endotracheal (ET) Drug Administration	• IV/IO routes preferred over ET route[1] ▪ Drug delivery more predictable when given IV/IO versus ET • Certain medications may be given via ET tube in absence of IV/IO: ▪ Lidocaine, epinephrine, atropine, naloxone, vasopressin ○ Exact ET dose unknown; typically 2—2.5 times recommended IV/IO dose ○ Dilute with 5—10 mL saline prior to administration [1] Greater emphasis on IV/IO routes; lesser emphasis on ET route.
Ventilation duration, rate, and depth	• All breaths delivered over 1 second (basic or advanced airway) ▪ Emphasis placed on producing *visible* chest rise • Ventilation rates: ▪ Apneic with pulse: 10—12 breaths/min ▪ Pulseless and apneic: 8—10 breaths/min
Symptomatic Bradycardia	• Atropine 0.5 mg q 3—5 min. ▪ Maximum dose: 3 mg • Consider epinephrine (2—10 µg/min) or dopamine (2—20 µg/kg/min) infusion while awaiting TCP or if TCP is ineffective • TCP without delay for high-degree AV block (second degree type II or third-degree AV block) *Note: Isoproterenol (Isuprel) removed from algorithm*
VF/Pulseless VT	• Deliver **one** shock (monophasic: 360J; biphasic: 120—200J device specific) ▪ Begin CPR immediately after shock ▪ Reassess rhythm after 5 cycles (about 2 minutes) of CPR; repeat shock as needed ▪ Assess for pulse if organized rhythm appears on monitor • Witnessed arrest: immediate defibrillation • Unwitnessed arrest (call-to-arrival interval > 4 to 5 min): 5 cycles (about 2 minutes) of CPR before defibrillation • Consider 40U vasopressin (one-time dose) to replace *first or second dose* of epinephrine
Asystole/PEA	• Atropine 1 mg q 3—5 min (give atropine if PEA rate < 60) ▪ Maximum dose: 3 mg • Consider 40U vasopressin (one-time dose) to replace *first or second dose* of epinephrine

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