

## Rhythm disturbances

# APPROACHING THE NON-PERFUSING PATIENT

Simplification and organization help maintain structure in a stressful situation.

### Prioritize problems and interventions appropriately.

1. Address circulation
  - if absent, start chest compressions
2. Address airway patency
  - perform jaw thrust / chin lift
3. Address insufficient oxygenation or ventilation
  - perform assisted ventilation
4. Address reversible causes:
  - Cardiogenic (e.g., defibrillation / cardioversion, cardiac catheterization)
  - Hypovolemic (e.g., administer IV fluids / transfusion, stop bleeding)
  - Distributive (e.g., provide vasopressor support)
  - Obstructive (e.g., relieve obstruction, place chest tube)

Fast rhythms are more likely **cardiogenic or mechanical**



Unstable  
rhythm

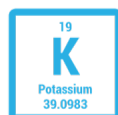


Severe  
hypotension

Slow rhythms are more likely **metabolic or ischemic**



Hypoxia  
Hyperkalemia  
Toxins



Medical management often requires parenteral access. This is best obtained quickly via IV or intraosseous line. Central lines should generally not be performed during compressions, and interventions during cardiac arrest generally do not require central access.