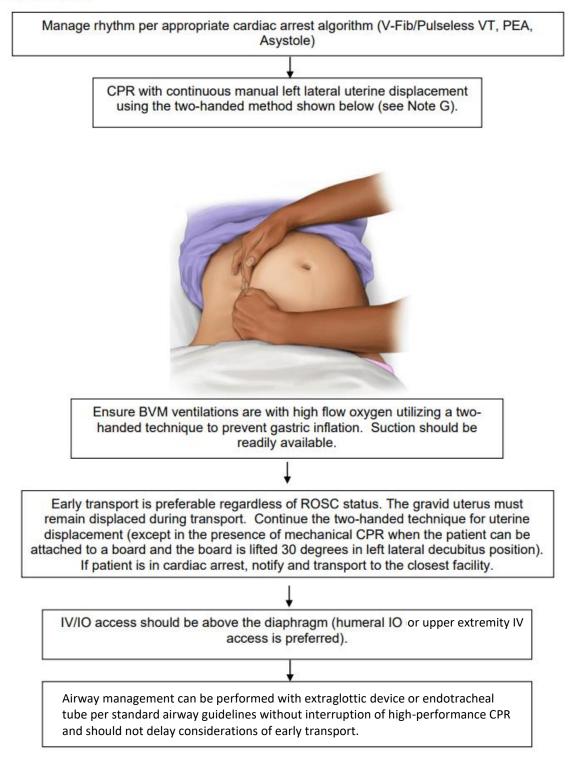
## Cardiac Arrest with Pregnancy (>22 weeks) – 10.054

## TREATMENT:



## NOTES & PRECAUTIONS:

- A. Consider early transport prior to achieving ROSC, especially if a mechanical CPR device is available.
- B. Alert the receiving facility early in order to have an OB team present upon arrival in the emergency department. If you have not achieved ROSC, go to the closest facility regardless of OB capabilities.
- C. If ROSC has been achieved and maintained prior to, or during transport, bypass to an OB and NICU capable facility.
- D. Lidocaine is preferable (Class B in Pregnancy) to amiodarone (Class C in Pregnancy) in the setting of ventricular fibrillation or pulseless ventricular tachycardia.
- E. In the setting of ventricular fibrillation or pulseless ventricular tachycardia, no adjustments need to be made to defibrillation energy settings. Immediately following defibrillation, resume the left lateral uterine displacement.
- F. If mechanical CPR is in place, continue the left lateral uterine displacement by tilting the backboard 30° to the left or by continuing manual displacement.
- G. If ROSC is achieved continue left lateral uterine displacement by placing the patient in the left lateral decubitus position or by manually displacing the gravid uterus.
- H. High flow oxygen needs to be maintained in all peri-arrest patients.
- I. Consider OG placement when possible.