ISA
Cardiopulmonary Resuscitation
Guidelines

First Indian CPR Guidelines formulated by ISA has been published in November issue of peer reviewed Indexed Journal Indian Journal of Anaesthesia.

These contain three separate stand alone guidelines related to CPR.

- Compression-only Life Support (COLS) for cardiopulmonary resuscitation by lay person outside the hospital.
  

- Basic Cardiopulmonary Life Support (BCLS) for cardiopulmonary resuscitation by trained paramedics and medics outside the hospital.
  

- Comprehensive Cardiopulmonary Life Support (CCLS) for cardiopulmonary resuscitation by trained paramedics and medics inside the hospital.
  
**Adult Core Links**

### Core links in adult Compression-only Life Support (COLS)
- CPR by lay person outside the hospital
- [Indian J Anaesth 2017; 61:867-73]

### Core links in adult Basic Cardiopulmonary Life Support (BCLS)
- CPR by trained paramedics and medics outside the hospital
- [Indian J Anaesth 2017;61:874-82]

### Core links in adult Comprehensive Cardiopulmonary Life Support (CCLS)
- CPR by trained paramedics and medics inside the hospital
- [Indian J Anaesth 2017;61:883-94]
**Compression-only Life Support (COLS) Algorithm**

1. **Ensure Safe place**
   - दृश्य सुरक्षा

2. **Check Response**
   - दृष्टिकोण की जांच करें
     - Tap on shoulder from front and ask loudly
     - "Hello-Are You alright?" / "क्या आप ठीक होंगे?"

3. **Shout for help, Call 108 or local emergency number**
   - मदद के लिए चिल्लाओं, 108 या स्थानीय आपातकालीन नंबर पर कॉल करें

4. **Start Chest Compression**
   - छाती संपीड़न प्रारंभ करें

5. **Check Response**
   - प्रतिक्रिया की जांच करें
     - Victim moving, coughing or vocalizing?

**Responsive**
- जीवन चिह्न है

**Non-responsive**
- जीवन चिह्न नहीं है

- **Observe and Shift to nearest medical facility**
  - ध्यान रखें तथा निकटतम चिकित्सा सुविधा में निकालें

Basic Cardiopulmonary Life Support (BCLS) Algorithm

Ensure Safe place

Check Response
Tap on shoulder from front and ask loudly “Hello- Are you alright?”

Responsive

Non-responsive

Shout for help, Call 108 / local emergency number
Get AED/ Defibrillator and emergency equipments

Check Breathing while palpating Carotid Pulse
Perform within 5-10 seconds

Normal breathing with Definite Carotid Pulse
• Recovery Position, Reassess every 2 minutes
• Shift to nearest medical facility

Abnormal or No breathing with Definite Carotid pulse
• Provide 1 breath every 5 seconds,
• Reassess every 2 minutes

Abnormal or No breathing without Definite Carotid pulse
• Start Cycles of 30 Chest Compressions and 2 Breaths

5 Cycles – 30 Chest Compression and 2 Breaths

Pulse Present

Check Carotid Pulse (5-10 seconds)

Pulse Absent

Defibrillator / AED Available

Attach

Analyze

• While attaching pads don’t stop chest compression
• While analyzing the rhythm don’t touch the patient

Shockable
• 1 shock
• Defibrillation: start with 120 J & escalate to 200 J; AED: auto-selected J

Non-Shockable
• No shock
• Resume CPR

5 Cycles – 30 Chest Compression and 2 Breaths

Continue the cycles of CPR till victim becomes responsive (Victim moving, coughing or vocalizing), pulse/breathing returns or victim is shifted to medical facility.

Observe the victim, Recovery position and Shift to nearest medical facility

Ensure Safe place

Check Response
Tap on shoulder from front and ask loudly “Hello- Are you alright?”

Responsive

Monitor the patient
Assess the cause and Manage

Non-responsive

Activate Code Blue/Local Team
Get Defibrillator and Crash Cart

Check Breathing while Palpating Carotid Pulse
Perform within 5-10 seconds

Normal breathing with Definite Carotid Pulse
• Reassess every 2 minutes
• Assess the cause and Manage

Abnormal or No breathing with Definite Carotid pulse
• Provide 1 breath every 5 seconds using BMV
• Reassess every 2 minutes. Assess cause and Manage

Abnormal or No breathing without Definite Carotid pulse
• Start Cycles of 30 Chest Compressions and 2 Breaths

5 Cycles – 30 Chest Compression and 2 Breaths
Check Carotid Pulse (5-10 seconds)

Pulse Present

Defibrillator Available
Attach
Analyze

• While attaching pads don’t stop chest compression
• While analyzing the rhythm don’t touch the patient

Shockable
• 1 shock
• Defibrillation: start with 120 J & escalate to 200 J; AED: auto-selected J

Non-Shockable
• No shock
• Resume CPR

Ensure High Quality CPR

5 Cycles – 30 Compression and 2 Breaths

Simultaneously, during cycles of CPR, ensure the following:

Venous Access Airway Drugs
• IV/O Access
• Consider definitive airway
• Administer 1 mg Adrenaline iv, repeat every 3-5 minutes

Antiarrhythmics
For refractory VF/pVT
Amiodarone 300 mg iv bolus, second dose of 150 mg

Reversible causes
Identify, Investigate and Treat Reversible causes (mnemonic for reversible causes “HIT THE TARGET”)

Ensure High Quality CPR

After definitive Airway
Continue Chest Compression @ 120/min and 1 breath every 6 seconds

Patient revived with signs of circulation
Post Resuscitation Care
ISA

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The titles of the guidelines with their download links are:

**Guidelines**


**Editorial**
