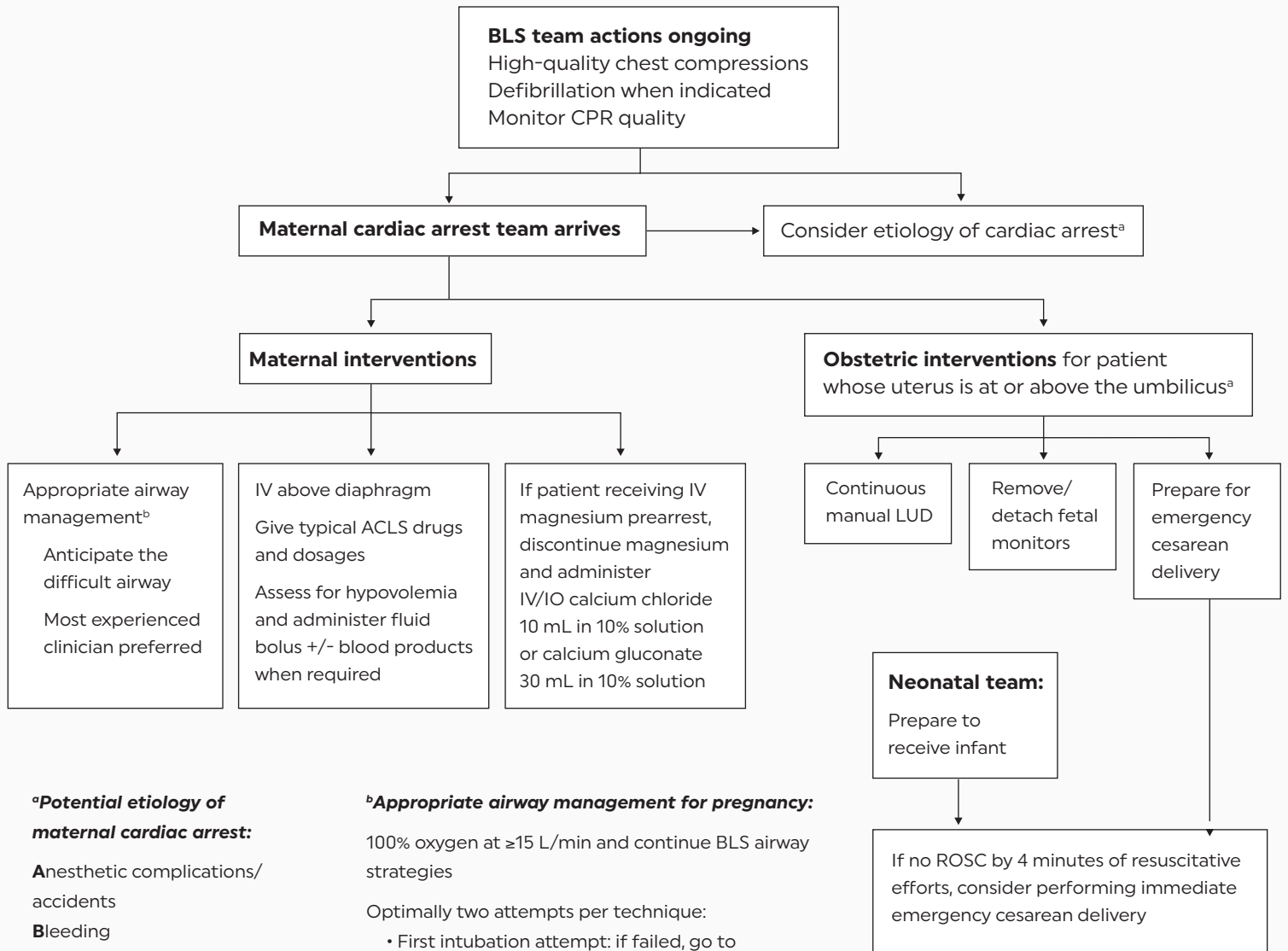


Pregnant Adult Arrest Algorithm

Maternal Resuscitation and Trauma



^aPotential etiology of maternal cardiac arrest:

Anesthetic complications/
accidents
Bleeding
Cardiovascular
Drugs
Embolic
Fever
General nonobstetric causes
of cardiac arrest (H's and T's)
Hypertension

^bAppropriate airway management for pregnancy:

100% oxygen at ≥ 15 L/min and continue BLS airway strategies

 Optimally two attempts per technique:

- First intubation attempt: if failed, go to
- Second intubation attempt: if failed, go to
- First supraglottic airway attempt: if failed, go to
- Second supraglottic airway attempt: if failed, go to mask ventilation
- If mask ventilation is inadequate: attempt cricothyrotomy

 Avoid airway trauma
 Ventilate with 8 to 10 breaths/min
 Monitor capnography
 Minimize interruptions in chest compressions during advanced airway placement
 Recommend 6- to 7-mm inner diameter ETT

ACLS = advanced cardiac life support; BLS = basic life support; CPR = cardiopulmonary resuscitation; ETT = endotracheal tube; IO = intraosseous; IV = intravenous; LUD = left uterine displacement; ROSC = return of spontaneous circulation.

Adapted from Jeejeebhoy FM, Zelop CM, Lipman S, et al; American Heart Association Emergency Cardiovascular Care Committee, Council on Cardiopulmonary, Critical Care, Perioperative and Resuscitation, Council on Cardiovascular Diseases in the Young, and Council on Clinical Cardiology. Cardiac Arrest in Pregnancy: A Scientific Statement From the American Heart Association. *Circulation*. 2015;132(18):1747-1773.