resuscitation: the first five minutes
DC3, A through J
Danger

is it safe to approach the patient?
personal protective equipment
decontaminate
chemical restraint
is the patient in the right place?
is the necessary equipment at bedside?
are the right people here or notified?

Call for help
Calm

make the room quiet
unnecessary personnel to perimeter
identify team leader
Cardiac arrest

pulse check if unresponsive
compressions if no certain pulse
analyze rhythm, defibrillate if indicated
does the patient need an airway intervention?
voice, secretions, stridor, posturing
head & neck position, jaw thrust
suction, foreign body
oral/nasal airway, LMA
prepare to intubate
Breathing

- Oxygenate: NC, face mask, NIV
- Ventilate: bag mask, LMA
- SpO$_2$, RR, resp effort, auscultate lungs
- Thoracostomy
- Albuterol, epinephrine, nitroglycerine
- Portable chest x-ray
vascular access
monitor
HR, BP, pulses, JVP, skin & perfusion
IVF, blood
12-lead ECG
Ca for hyperK
Disability

level of consciousness / mentation
pupils
movement at 4 extremities
capillary blood glucose / D50

STAT head CT
Exposure

- remove all clothing & check pockets
- visualize every inch of skin
  - trauma
  - rash
  - alert bracelet
  - medication patches
  - ID, medical history, medications
- rectal temp
- initiate active cooling or warming
Family & friends

collateral history (ask EMS)
advanced directives
set expectations
family-witnessed resuscitation
IV/IM morphine 0.1 mg/kg
IV fentanyl 1 mcg/kg
IN fentanyl 2 mcg/kg
IV ketamine 0.15 mg/kg
2 drops whole blood on bedside pregnancy test cassette
displace uterus to left
perimortem C section
Infection

isolate
broad spectrum antibiotics
source control
pericardial effusion, ejection fraction
RV strain, regional wall motion
IVC collapsibility
intraperitoneal fluid, aorta, IUP
PTX, pulmonary edema, pleural effusion
intracranial pressure
DVT
venous & arterial access

el (ultrasound)
spine

* for oral boards
You will enjoy good health and financial independence.