

## 1. Prevent and be prepared

- Encourage cardiovascular prevention to reduce the risk of acute events
  - Promote health education to reduce delay to first medical contact
  - Promote laypeople BLS to increase the chance of bystander CPR
    - Ensure adequate resources for better management
- Improve quality management systems & indicators for better quality monitoring



## 2. Detect parameters suggesting coronary thrombosis & Activate STEMI network

- Chest pain prior to arrest
- Known coronary artery disease
  - Initial rhythm VF or pVT
- Post-resuscitation ECG: ST elevation



## 3. Resuscitate and treat possible causes

### Sustained ROSC

### No Sustained ROSC

#### STEMI patients

*Time from diagnosis to PCI*

**< 120 min**

Activate PCI laboratory  
Transfer for immediate PCI

**> 120 min**

Perform pre-hospital fibrinolysis  
Transfer to PCI centre

#### No STEMI patients

Individualise decisions considering patient characteristics, OHCA setting, ECG findings

#### **Quick diagnostic work up**

Discard non-coronary causes  
Chest patient condition

**If there is on going ischaemia or haemodynamic compromise?**

Yes - immediate PCI

No - consider delayed PCI

Assess setting & patient conditions and available resources

#### **If futility:**

Consider stopping CPR

#### **If no futility:**

Consider transfer to PCI centre with on-going CPR

Consider mechanical compressions and extra-corporeal CPR

Consider PCI