As emergency clinicians we need to be the best that we can be in the prevention and management of cardiac arrest. In truth, we’re pretty good already, but there is quite a lot for us to consider around cardiac arrest, and perhaps beyond cardiac arrest. This session will take you to places you’ve never been before (what an offer!).

We want to make our Resus Fridays as practical as possible and that means we have some tasks for you to do IN ADVANCE of attending. We need you to do this so that we can spend time talking and doing rather than sitting around listening to a boring presentation with crap slides.

Cardiac Arrest: Think of it as life support whilst we figure out what’s gone wrong and treat the underlying cause.

Ultrasound: Why it’s essential for every arrest.

4Hs and 4Ts and a few more beside
So here are your tasks - click on the links

1. Revise adult cardiac arrest guidelines here.  
   https://www.resus.org.uk/resuscitation-guidelines/adult-advanced-life-support/

2. Check out the St.Emlyn's blogs on drugs in cardiac arrest, and on how long should we go on for?  
   http://stemlynsblog.org/jc-arrested-developments/

3. Think about post ROSC care priorities here.  

4. Find out what we can do to go BEYOND ALS to improve outcomes. Great podcast, links and topics such as mech-CPR, sequential defies and drug regimes  
   https://emcrit.org/podcasts/cardiac-arrest-update/

5. Maybe you want to think about ECMO too.  
   We won’t be doing it this time, but Wythenshawe are and it’s not that hard….  
   http://edecmo.org/

6. Think about traumatic cardiac arrest and why it's different.  
   http://stemlynsblog.org/traumatic-cardiac-arrest/

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The ED team should be the best of the best in cardiac arrest management.