Point of Care Ultrasound can provide important diagnostic, procedural and prognostic guidance in the management of patients in cardiac arrest.

**Diagnostic point of care ultrasound in Cardiac Arrest**

VF/VT - ultrasound plays a limited role.

PEA/Asystole has a much broader differential, and ultrasound can help identify many causes of arrest.

<table>
<thead>
<tr>
<th>Hypovolemia</th>
<th>Tension Pneumothorax</th>
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<tbody>
<tr>
<td>Hypoxia</td>
<td>Tamponade (Cardiac)</td>
</tr>
<tr>
<td>H+ Ion (Acidosis)</td>
<td>Toxins</td>
</tr>
<tr>
<td>Hypo/Hyperkalemia</td>
<td>Thrombosis (PE)</td>
</tr>
<tr>
<td>Hypothermia</td>
<td>Thrombosis (ACS)</td>
</tr>
</tbody>
</table>

Differential Diagnosis of PEA/Asystole. The “H”s and “T”s.

Many protocols have been designed for unexplained hypotension and cardiac arrest.
It is important to have a formalized, algorithmic approach such as the RUSH exam.
Team Members should have designated places and roles in an arrest.

Use one probe for your arrest patient – either a large curvilinear or phased array transducer.

**Prognostic utility of ultrasound in cardiac arrest**

Cardiac standstill carries exceedingly poor prognostic value.
References

More at sinalem.us


