Follow Kirby’s Rule of 20
Place largest gauge / shortest length IV/IO catheter
Amiodarone (50 mg/mL) – 5 mg/kg
Routine use of IV/IO fluids not recommended in euvoletic patients
Epinephrine (1:1000; 1 mg/mL) – low-dose (0.01 mg/kg), high-dose (0.1 mg/kg)
Magnesium sulfate (4 mEq/mL) – 0.15-0.3 mEq/kg over 5-15 minutes
Make seal over patient’s nares with
External: monophasic: 2-10
Inspiratory time = 1 second
Hypertonic saline 7% - 3-4 mL/kg; IV/IO over 15 minutes
Atipamezole (5 mg/mL) – 50 ug/kg
Rotate chest compressor q2 minutes if multiple rescuers present
C:V = 30:2
Target P
Routine corticosteroid administration not recommended – consider supraphysiologic
Isotonic crystalloid – dogs: 20 mL/kg; cats: 10 mL/kg; IV/IO over 15 minutes
Dilute with saline or sterile water
Amiodarone & NaHCO
Cats & Dogs
Sodium bicarbonate (1 mEq/mL) – 1 mEq/kg after prolonged CPA (>10 minutes)
Administer via catheter longer than endotracheal tube
Osmotic agents – mannitol (0.5 g/kg) or hypertonic saline 7% (3-4 mL/kg);
Ventilator assistance may be provided
Consider administration of vasopressors / inotropes in patients with persistent
Hypertonic saline 7% - 3-4 mL/kg; IV/IO over 15 minutes
Hypotension after volume resuscitation post-arrest
(hypoventilating or at risk of respiratory arrest)
Target PaCO2 32-43 mmHg (dogs) and 26-36 mmHg (cats)
Titrate FIO2 to maintain normoxemia
Mild hypothermia (32-34°C) for 24-48 hours for those remaining comatose after ROSC
(likely require mechanical ventilation)
Routine corticoicosteroid administration not recommended – consider supraphysiologic
dosing for those who remain hemodynamically unstable despite volume resuscitation &
inotrope/vasopressor support
Severe prophylaxis – consider anticonvulsants (e.g.: barbiturates, levetiracetam)
Oxotic agents – mannitol (0.5 g/kg) or hypertonic saline 7% (3-4 mL/kg);
IV over 15-30 minutes

For more information visit www.criticalcaredvm.com