

Cardiac arrest with 'non-shockable' rhythm

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Cardiac surgical patients with a non-VF/ventricular tachycardia (VT) arrest commonly have tamponade, tension pneumothorax or severe hypovolaemia. Prompt treatment is associated with an excellent outcome. Resternotomy should be performed promptly if connecting the pacemaker and atropine fail to resolve the arrest, especially if a prolonged period of CPR is needed, which will be better performed by internal massage.

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