Medical Resuscitation Algorithm

1. **Recognize**
   - Recognize an acutely ill patient using the Interagency Integrated Triage Tool (IITT).
   - Move patient to red or resuscitation area.

2. **Resuscitate**
   - Use the ABCDE approach to systematically evaluate the patient, identify and correct immediate life threats.
   
   **ABCDE Approach**
   - **A**irway
     - Look for: Unconsciousness, limited or no air movement, foreign body in airway, gagging, stridor
     - Act: Open the airway (lift jaw thrust or head lift and chin lift), insert airway or NPA, place in recovery position, encourage coughing, remove visible foreign body, if unable to cough, chest/abdominal thrusts/neck blow as indicated, if patient becomes unconscious, start CPR per local protocols.
   - **B**reathing
     - Look for: Signs of abnormal breathing or hypoxia, signs of tension pneumothorax, signs of respiratory distress, signs of respiratory overdrive, signs of organophosphate poisoning (difficulty in breathing, sweating, vomiting, diarrhea, salivation)
     - Act: Give oxygen, provide ventilation with BVM if breathing not adequate, give subcutaneous for signs of anaphylaxis, give IV adrenaline, perform needle decompression, give oxygen and IV fluids, arrange for chest tube.
   - **C**irculation
     - Look for: Signs of external or internal bleeding, distended neck veins, muffled heart sounds or poor perfusion
     - Act: Give oxygen and IV fluids, if no pulse, follow relevant CPR protocols, give external bleeding, give IV fluids, arrange for rapid peripheral drainage, arrange urgent referral and/or handover.
   - **D**isability
     - Look for: Altered mental status (AMS), confusion, coma, in pregnancy (or after recent delivery), signs of hypoglycemia, signs of life-threatening brain mass or bleed (AMS with unequal pupils)
     - Act: Place in recovery position, check glucose, check blood, give benzodiazepine, give magnesium sulphate, give glucose if <3.5mmol/L (60 mg/dL) or unknown, monitor airway, raise head of bed, avoid hypoxia, hypotension, hyperthermia, rapid transfer for neurosurgical services.
   - **E**xposure
     - Look for: Wet or constrictive clothing
     - Act: Remove wet clothing and dry skin thoroughly, remove jewelry, watches & constrictive clothing, prevent hypothermia and protect dignity.

   **CHECK:** Is airway clear?
   - Yes: Proceed to breathing.
   - No: Re-assess airway.

   **CHECK:** Is breathing adequate?
   - Yes: Proceed to circulation.
   - No: Re-assess airway and breathing.

   **CHECK:** Is perfusion adequate?
   - Yes: Proceed to disability.
   - No: Re-assess airway, breathing, circulation.

   Remember:
   - If suspected trauma, maintain spinal precautions & follow trauma algorithm.
   - Special considerations in paediatric, elderly or pregnant patients.

3. **Review**
   - Review patient status and interventions using the WHO Medical Emergency checklist.
   
   - Check vital signs.
   - If patient condition changes, repeat ABCDE.
   - If no further interventions needed, take a SAMPLE history and perform a SECONDARY exam.
   - Document care in a WHO Standardised Clinical Form or locally available option.

4. **Refer**
   - If health facility unable to provide ongoing care, arrange for safe transfer to appropriate facility as soon as possible.

**REMEMBER: PREPARATION** is key. Use the elements of the WHO Emergency Care Toolkit to prepare your unit to better manage emergencies.

Contact emergencycare@who.int for more information.