CPR—ensures good compressions by allowing chest to recoil fully and minimizing interruptions. Aim for 100 compressions per minute for 2 min each cycle. Continue until regain pulse.

The focus for initial resuscitation should be on performing high-quality CPR. Frequent pulse check, intubation, central line insertion, and medications may sometimes distract the team from this important task.

Airway—avoid hyperinflation as this could increase intrathoracic pressure. Initial use of oropharyngeal airway with bag-valve-mask is reasonable, with 2 breaths given after every 30 CPR compressions. Once switched to advanced airway (laryngeal mask airway, combitube, or endotracheal tube), breaths should be given every 5 s.

Access—the preferred route is through a peripheral intravenous (IV) line, which can usually be established easily. The intravenous (IV) route represents a second choice, while central lines and endotracheal tube should be the last resort for medication access.