CJEM-19-0055 Supplemental Material

Table 1. The timeline of events.

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| **Time** | **Event** |
| 12:00 | EMS called – Patient Collapses |
| 12:13 | EMS arrive – VF on monitors |
| 12:15 | Shock 200J |
| 12:17 | VF – Shock 200J |
| 12:19 | King LT supraglottic airway inserted |
| 12:20 | VF - Shock 200J |
| 12:22 | VF - Shock 200J  ROSC #1 |
| 12:25 | VSA - VF, CPR restarted |
| 12:26 | Shock 200J |
| 12:40 | Arrives at hospital |
| 12:42 | Interosseous line access obtained |
| 12:44 | Epinephrine 1mg |
| 12:45 | Sodium Bicarbonate 1amp |
| 12:46 | VF – Shock 150J |
| 12:47 | Patients pupils fixed and dilated |
| 12:48 | VF – DSD Shock 400J |
| 12:49 | CaCl 1amp |
| 12:50 | Epinephrine 1mg |
| 12:51 | Torsades on monitor, MgSO4 5g  DSD 400J |
| 12:53 | Epinephrine 1mg |
| 12:54 | Sodium Bicarbonate 1amp  VF – DSD Shock 400J |
| 12:56 | Intralipid given |
| 12:57 | VF – DSD Shock 400J |
| 12:58 | Amiodarone 300mg |
| 13:00 | VF – DSD Shock 400J |
| 13:03 | Lidocaine given |
| 13:04 | VF – DSD Shock 400J |
| 13:07 | Esmolol 30mg bolus  VF – DSD Shock 400J |
| 13:10 | VF - TSD Shock 600J |
| 13:12 | PEA  CPR continued |
| 13:17 | ROSC #2 |
| 13:20 | VSA  VF – TSD Shock 600J |
| 13:22 | ROSC #3 |
| 13:22 | Amiodarone 1mg/min infusion |
| 13:25 | Cardiologist activated Cath Lab |
| 13:37 | ECG showed large Anterior STEMI  Patient brought to Cath Lab |



Supplemental Figure 1. Initial rhythm strip obtained by EMS at 15 min post-arrest demonstrating ventricular fibrillation.

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Supplemental Figure 2. Post-ROSC ECG demonstration ST-elevation with reciprocal ST-depression.

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Supplemental Figure 3. Pre (A) and post (B) stent angiography images showing complete occlusion of proximal LAD corrected by placement of stent. At the time of the angiogram, overall left

ventricular systolic function was severely compromised (Grade 4 ventricle).