

**Table 2:** Recommendations in this guideline. Levels of evidence were derived from table 3; consensus: strong consensus (>90% agreement), intermediate consensus (70-90% agreement), weak consensus (50-70% agreement), no consensus (<50% agreement).

Recommendations	Level of evidence	Consensus	Grade of Recommendation
Emergency equipment location as well as major content has to be mentioned in the pre-flight safety announcement	Low	strong consensus	A
Information on the location of emergency medical equipment as well as brief information on how to act in case of a cardiac arrest must be printed on the seat pocket Safety Instructions card	High	strong consensus	A
It is of crucial importance that (professional) help is requested by an on-board announcement after identification of a patient with cardiac arrest	Low	strong consensus	A
Teleconsultation should be available during the flight	Low	intermediate consensus	B
It is important that a standardised documentation form is available	Low	strong consensus	A
CPR- and other emergency medical data can be registered in a standardized international data base	Low	weak consensus	B
An ECG should be available for patients with cardiac arrest	Moderate	strong consensus	A
A defibrillator (e.g., AED) is considered essential and should be available during the flight	Moderate	strong consensus	B
An intravenous access is considered essential and should be available during the flight	Low	intermediate consensus	B
Providing intraosseous access may be necessary and the device must be available	Low	consensus	A
For CPR, epinephrine (adrenaline), amiodarone, lignocaine (lidocain), glucose, and midazolam must be available	Moderate	strong consensus	A
Mechanical CPR devices may facilitate CPR in special situations, but are	Low	strong	C

considered inappropriate during flight		consensus	
Pulse oximetry is considered standard ("basic monitoring") and should be available for treatment	Moderate	strong consensus	B
Non-invasive blood pressure measurement devices are considered standard ("basic monitoring") and must be available for treatment	Moderate	strong consensus	A
The use of capnometry/capnography is marginally important during an in-flight cardiac arrest. At the minimum a (simple) qualitative capnometer should be available	Low	weak consensus	B
Using a glucometer for glucose measurements is important during/after CPR and the device must be available	Moderate	weak consensus	A
Two-person CPR is considered optimum	Moderate	strong consensus	A
Overhead-CPR and telephone-CPR may be performed during resuscitation	Low	weak consensus	C
The optimum place for CPR is the galley, but may depend on the aircraft model (strong consensus, Level of Evidence C, Grade of Recommendation B). Also, CPR in the aisle of the aircraft is considered possible	Moderate	intermediate consensus	C
CPR should ideally be performed/supervised by a health care provider– if present. However, aircraft crew, trained in BLS-AED or CPR, or a layperson with corresponding training should also be recruited to perform chest compressions	Low	strong consensus	B
For airway management during in-flight CPR, the use of a supraglottic airway (e.g., laryngeal mask or laryngeal tube) may be superior to face mask ventilation or endotracheal intubation (ETI)	Low	strong consensus	B
Cabin crew must be trained initially and once per year in CPR and should be re-trained in CPR every six months	Moderate	strong consensus	A
The crew should be trained regularly in basic life support – ideally with a focus on CPR in aircraft	Low	strong consensus	A
A diversion should immediately be undertaken if the patient has a return of spontaneous circulation (ROSC)	Low	strong consensus	B

CPR should be continued during emergency diversion	Low	strong consensus	A
Fixation devices are considered marginally important and can help to fixate the patient after ROSC	Low	weak consensus	C
Due to reduced atmospheric pressure in the aircraft cabin, oxygen should be used even after ROSC to compensate for a reduced oxygen partial pressure in the blood	Low	strong consensus	B
It is important to induce targeted temperature management as soon as possible after ROSC	Low	weak consensus	B