POST-CARDIAC ARREST CARE ALGORITHM

Return of spontaneous circulation (ROSC)

OPTIMIZE VENTILATION AND OXYGENATION
- MAINTAIN OXYGEN SATURATION ≥ 94%
- CONSIDER ADVANCED AIRWAY AND WAVEFORM CAPNOGRAPHY
- DO NOT HYPERVENTILATE

TREAT HYPOTENSION (SBP <90 mm Hg)
- IV/IO BOLUS
- VASOPRESSOR INFUSION
- CONSIDER TREATABLE CAUSES

DOES & DETAILS

VENTILATION/OXYGENATION
- Avoid excessive ventilation.
- Start at 10 breaths/min and titrate to target PETCO2 of 35-40 mm Hg.
- When feasible, titrate FIO2 to minimum necessary to achieve SPO2 ≥94%

IV BOLUS
- Approximately 1-2 L normal saline or lactated Ringer’s

EPINEPHRINE IV INFUSION
- 0.1 – 0.5 mcg/kg per minute (in 70-kg adult: 7-35 mcg per minute)

DOPAMINE IV INFUSION
- 5-10 mcg/kg per minute

NOREPINEPHRINE IV INFUSION
- 0.1 – 0.5 mcg/kg per minute (in 70-kg adult: 7-35 mcg per minute)

REVERSIBLE CAUSES
H's
- Hypovolemia
- Hypoxia
- Hydrogen ion (acidosis)
- Hypo-/hyperkalemia
- Hypothermia

T's
- Tension pneumothorax
- Tamponade (cardiac)
- Toxins
- Thrombosis (pulmonary)
- Thrombosis (coronary)

Coronary reperfusion
- YES

12-Lead ECG: STEMI
- OR high suspicion of AMI

Does Patient Follow Commands?
- NO

Initiate targeted temperature management

Advanced Critical Care