# ADULT POST-CARDIAC ARREST CARE

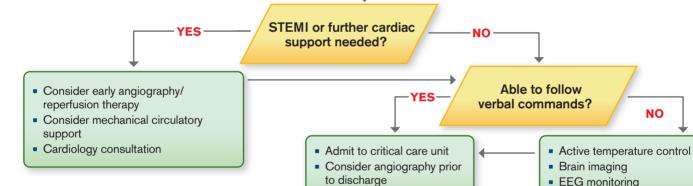
# Return of spontaneous circulation (ROSC)

## **Optimize Ventilation and Oxygenation**

- If not already done, place ETT; if ETT already in place, confirm proper position and patency
- Provide minimal level of supplemental oxygen to maintain SpO<sub>2</sub> of 90% to 98%
- Support ventilation to keep carbon dioxide levels in physiologic range (PaCO<sub>2</sub> between 35 and 45 mmHg or monitored using ETCO2) unless clinical condition warrants carbon dioxide level above or below this range; avoid hypercarbia

## Manage Hemodynamics (MAP ≥ 65 mmHg)

- Administer as indicated:
  - IV/IO fluid bolus
  - · Inotrope/vasopressor infusion (as clinically indicated)
- Consider mechanical circulatory support
  - Obtain 12-lead ECG
  - Consider diagnostic imaging (CT, POCUS, ECHO)
  - Identify treatable causes (including Hs and Ts)



Medications	
IV/IO fluid bolus	1 to 2 L NS or LR solution
Dopamine	5 to 20 mcg/kg/min IV/IO
Epinephrine	2 to 10 mcg/min IV/IO
Norepinephrine	0.1 to 0.5 mcg/kg/min IV/IO

#### Hs and Ts

- Hypovolemia
- Hypoxemia
- Hydrogen ion excess (acidosis)
- Hyperkalemia/hypokalemia
- **H**ypothermia
- Hyperglycemia/hypoglycemia
- Tamponade (cardiac)
- Tension pneumothorax
- Thrombosis (pulmonary embolism)
- Thrombosis (myocardial infarction)
- Toxins

### **Ventilation and Oxygenation Goals**

## Ventilation

- Start at 10 breaths/min; adjust as needed
- PaCO<sub>2</sub>: 35 to 45 mmHg

## Oxygenation

Provide minimal level needed to maintain SpO<sub>2</sub> of 90% to 98%

EEG monitoring

## **Active Temperature Control**

- Actively prevent fever and maintain a temperature of 37.5° C or less for at least 36-72 hours
- Consider hypothermic temperature control in select subpopulations. If targeting a hypothermic range, monitor for negative consequences of hypothermia
- Use fever prevention/temperature control methods (e.g., uncovering patient, acetaminophen, surface cooling devices with temperature monitoring/feedback)
- Continuously monitor core temperature via esophageal, rectal or bladder catheter

