

Reversible Causes

Hydrogen ion (acidosis)

Tension pneumothorax

Thrombosis; pulmonary

Thrombosis; coronary (MI)

Hypo / Hyperkalemia

Tamponade; cardiac

Hypovolemia Hypoxia

Hypothermia

Toxins

Post Resuscitation

Return of Spontaneous Circulation Repeat Primary Assessment Optimize Ventilation and Oxygenation Respiratory Rate 10 / minute Remove Impedance Threshold Device DO NOT HYPERVENTILATE Maintain SpO2 ≥ 94 % В ETCO2 ideally 35 - 45 mm Hg Airway Protocol(s) AR 1, 2, 3, 4 as indicated 12 Lead ECG Procedure В Α IV / IO Procedure Р Cardiac Monitor Monitor Vital Signs / Reassess Chest Pain and STEMI Protocol AC 4 if indicated Hypotension / Shock Protocol AM 5 as indicated Appropriate Arrhythmia Protocol(s) AC 2, 6, 7 as indicated Targeted Temperature Management Protocol AC 10 if available



Arrhythmias are common and usually self limiting after ROSC



If Arrhythmia Persists follow Rhythm Appropriate Protocol

Post Intubation BIAD Management Protocol AR 8



Post Resuscitation

- Pearls
- Recommended Exam: Mental Status, Neck, Skin, Lungs, Heart, Abdomen, Extremities, Neuro
- Continue to search for potential cause of cardiac arrest during post-resuscitation care.
- Hyperventilation is a significant cause of hypotension and recurrence of cardiac arrest in the post resuscitation phase and must be avoided at all costs. Titrate FiO2 to maintain SpO2 of ≥ 94%.
- Initial End tidal CO2 may be elevated immediately post-resuscitation, but will usually normalize. While goal is 35 45 mmHg avoid hyperventilation to achieve.
- Most patients immediately post resuscitation will require ventilatory assistance.
- Titrate fluid resuscitation and vasopressor administration to maintain SBP of 90 100 mmHg or Mean Arterial Pressure (MAP) of 65 80 mmHg.
- STEMI:
- Transport to a primary cardiac catheter facility with evidence of STEMI on 12 Lead ECG.
- Targeted Temperature Management:
- Maintain core temperature between 32 36°C.
- Infusion of cold saline is NOT recommended in the prehospital setting.
- Consider transport to facility capable of managing the post-arrest patient including hypothermia therapy, cardiology / cardiac catheterization, intensive care service, and neurology services.
- The condition of post-resuscitation patients fluctuates rapidly and continuously, and they require close monitoring. Appropriate post-resuscitation management may best be planned in consultation with medical control.