



**PEDIATRIC CARDIAC
PC-05**

**POST RESUSCITATION
MANAGEMENT**

Page 1 of 1
Last Revision:
10/08/2018

History and Physical:

Historical Findings	Physical Findings
<ul style="list-style-type: none">Post cardiac arrest	<ul style="list-style-type: none">Patient with spontaneous circulation (palpable carotid/radial pulse) AFTER being treated for any non-perfusing rhythm

Assessment:

- Cardiac Assessment

Clinical Management Options:

Interventions	Pharmacology
<ul style="list-style-type: none">Remove ResQPOD ITDConsider advanced airwayInitiate Targeted Temperature ManagementIV fluid and vasopressor for hypotensionTitrate FiO₂ to SpO₂ ≥ 94%12-lead EKG<ul style="list-style-type: none">ROSC Cath Activation if appropriateSTEMI Alert if appropriate	<ul style="list-style-type: none">Lidocaine 1 mg/kg IV<ul style="list-style-type: none">If patient did not previously receive and converted from a ventricular rhythm WITHOUT bradycardiaLidocaine infusion 40 mcg/kg/minute<ul style="list-style-type: none">If patient received lidocaine prior to ROSCUse IV pumpEpinephrine Infusion 2-10mcg/min<ul style="list-style-type: none">Mix 1mg in 100ml (10mcg/ml)Utilize infusion pumpTitrate to SBP (Age*2) + 70Start at 2mcg/minEpinephrine Push Dose 10mcg q2 min PRN<ul style="list-style-type: none">Titrate to SBP (Age*2) + 70Utilize if Epinephrine infusion unavailable or delayedSedation Management

Consult:

- None