

# Post-Cardiac Arrest Care

## Assessment and Treatment



### POST-ROSC

#### Initial Stabilization Phase:

Resuscitation is ongoing during the post-ROSC phase, and many of these activities can occur concurrently. However, if prioritization is necessary, follow these steps:

- Airway management:  
Waveform capnography or capnometry to confirm and monitor endotracheal tube placement
- Manage respiratory parameters:  
Titrate FIO<sub>2</sub> for SpO<sub>2</sub> 92%-98%; start at 10 breaths/min; titrate to PaCO<sub>2</sub> of 35-45 mm Hg
- Manage hemodynamic parameters:  
Administer crystalloid and/or vasopressor or inotrope for goal systolic blood pressure >90 mm Hg or mean arterial pressure >65 mm Hg
- Manage hemodynamic parameters:  
Administer crystalloid and/or vasopressor or inotrope for goal systolic blood pressure >90

#### Continued Management and Additional Emergent Activities:

These evaluations should be done concurrently so that decisions on targeted temperature management (TTM) receive high priority as cardiac interventions.

- Early evaluation of 12-lead electrocardiogram (ECG); consider hemodynamics for decision on cardiac intervention
- TTM: If patient is not following commands, start TTM as soon as possible; begin at 32-36°C for 24 hours by using a cooling device with feedback loop
- Other critical care management
  - Continuously monitor core temperature (esophageal, rectal, bladder)
  - Maintain normoxia, normocapnia, euglycemia
  - Provide continuous or intermittent electroencephalogram (EEG) monitoring
  - Provide lung-protective ventilation

#### H's and T's:

- Hypovolemia
- Hypoxia
- Hydrogen ion (acidosis)
- Hypokalemia/hyperkalemia Hypothermia
- Tension pneumothorax Tamponade, cardiac
- Toxins
- Thrombosis, pulmonary
- Thrombosis, coronary

