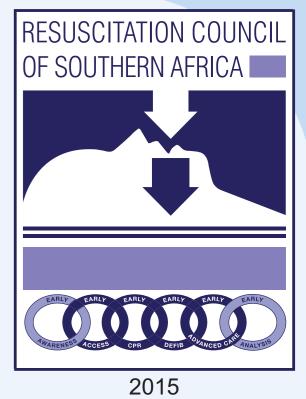


POST CARDIAC ARREST CARE

(Return of Spontaneous Circulation)



2015

Airway Management

- Open and maintain
- Intubate if required
- Use capnography when available

Breathing Support

- If required ventilate every 6 seconds
- Target normoxia; oxygen saturation at 94 98%
 - Target normocarbia (CO₂35 45 mmHg)
- Apply protective lung ventilation when appropriate

Suggested Initial Ventilation

- Tidal Vol of 6 ml/kg (ideal weight)
- PEEP of ≥ 5 cmH₂O
- Target pH of > 7.20)



Circulatory Control Maintain and monitor perfusion

- Initially target SBP > 90 mmHg (MAP > 65 mmHg)
 - Urine output
 - Lactate levels

Advanced monitoring

- Monitor HR, BP, capillary refill
- Consider appropriate fluid administration
 - Consider inotrope infusion

Inotrope Administration

Start Adrenaline at 0.05µg/kg/min and titrate to effect



Differential Diagnosis

Search for contributory causes

Hypoxia • • Tension pneumothorax Hypovolaemia • • Tamponade

Hypo/hyperkalaemia • • Thrombosis (coronary)

Hydrogen ion imbalance (Acidosis) • • Thrombosis (pulmonary)

Hypoglycaemia • • Toxins and drugs

Hypothermia • • Trauma



Evaluation

- 12 lead ECG (including right-sided ECG)
- Coronary angiography if arrest of suspected cardiac origin
- Early Reperfusion if indicated (especially STEMI or LBBB)
 - Continuous ECG monitoring
 - Haemodynamic monitoring
 - Appropriate Laboratory investigations

UNRESPONSIVE

'Freezing' (Targeted Temperature Management) Using established cooling strategies and existing protocols

- Maintain a constant targeted T° between 32 36°C for > 24 hours
 - Monitor glucose, electrolytes (especially K, Ca, Mg, Po4), and Haemodynamic status
 - Rewarm at 0.25°C per hour
 - Avoid rebound hyperthermia (T° > 37.5°C)

RESPONSIVE



- Maintain blood glucose at 8 - 10 mmol/l
 - Avoid hypoglycaemia



Head / Neuro Evaluation

- Treat seizures aggressively
- Consider EEG monitoring
 - Consider brain imaging
- Delay prognostication for at least 72 hours post normothermia