POST ARREST CARE - (POST - ROSC)

EMR

- ❑ Routine Medical Assessment and Interventions
- ❑ Continue to monitor SpO_2, $ETCO_2$, via non-invasive devices when equipment is available.
- ❑ Institute basic measures to maintain blood pressure
- ❑ Initiate external cooling measures by removing external clothing (*under-garments may remain to protect patient's privacy*) and placing ice packs in axilla & groin for patients meeting **all of the following criteria**:
  - o **Arrest was NOT the result of trauma or suspected trauma or uncontrolled hemorrhage.**
  - o **Initial temperature is above 93°F or 34°C (estimated by palpation of patient's skin if thermometer not immediately available)**
  - o **Patient has at a minimum a BLS airway in place and is being adequately ventilated.**
  - o **Systolic blood pressure is 100 mmHg or greater**
  - o **Patient is unable to follow simple commands.**
  - o **Patient is > 18 years old**

EMR

EMT

- ❑ If placed, monitor adequacy of **cuffed pharyngeal device** to maintain $SpO_2 \geq 94\%$ and $ETCO_2$ of 35 to 40 mmHg
  - o If cuffed pharyngeal device not placed, consider placement as per Airway guideline.
- ❑ Obtain capillary blood specimen for blood glucose evaluation.

EMT

AEMT

- ❑ Initiate vascular access as needed and indicated
- ❑ Consider administration of **Normal Saline 250mL bolus** as needed to maintain blood pressure.
  - o Do not exceed 2 liters of fluid.
- ❑ Administer **D50W** for those patients with low blood glucose levels – see diabetic emergencies guideline.

AEMT

EMT-I

- ❑ Continue ECG monitoring
- ❑ May consider placement of **Adult IO access** if vascular access has not been obtained.

EMT-I

PARAMEDIC

- ❑ Obtain and interpret **12-Lead ECG** – Activate STEMI alert if indicated.

REFRACTORY HYPOTENSION:

- ❑ **Dopamine infusion – 5 to 10 mcg/kg/min** (where available) **OR**
- ❑ **Epinephrine drip – 0.1 to 0.5 mcg/kg/min** titrate to a systolic BP ≥100 mmHg

ACTIVE COOLING:

- ❑ Augment external cooling through administration of **cool NS 30mL/kg wide open up to 2 liters**.

POST ARREST SEDATION & PARALYSIS:

- ❑ If patient begins to shiver, move or awaken, reconfirm placement of advanced airway, then, consider **Versed 2.5 - 5 mg IV/IO/IN titrate to effect with SBP >100 mmHg to max of 15mg**.
- ❑ If transport time is greater than 15 minutes and unable to maintain sedation with Versed, may administer **Vecuronium, 0.1 mg/kg** IV/IO max 10 mg/dose.

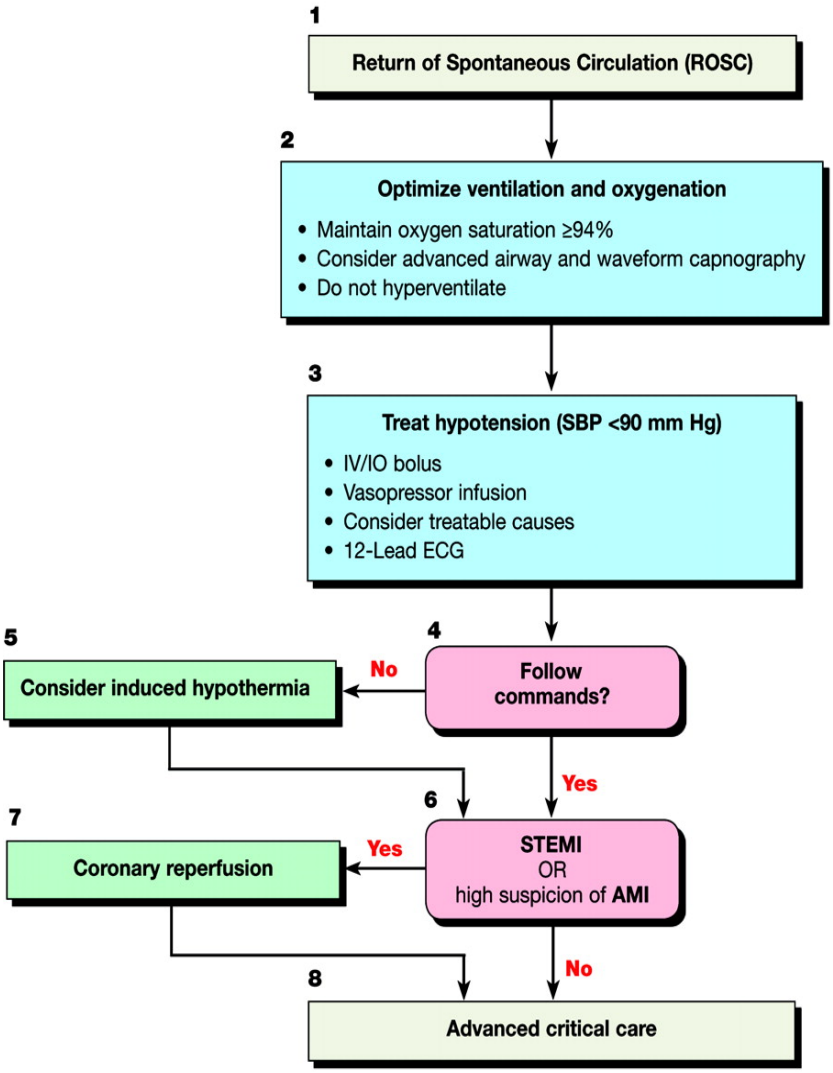
PARAMEDIC

POST ARREST CARE - (POST - ROSC) CONTINUED

Clinical Care Pearls

- Do not delay transport for the purpose of cooling (integrate into other transport preparation actions)
- Due to the need to prevent patient re-warming, cold saline infusions should not begin until you are within approximately 20 minutes or less of arrival at the Hospital. The receiving Hospital must be notified in advance of your arrival that the patient is being cooled.
- Do not hyperventilate (use end tidal CO2 as a guide).
- If patient becomes pulseless again, discontinue cold saline infusion and initiate treatment per Cardiac Arrest guideline. Ice Packs may remain in place.
- Pregnant females are eligible for post resuscitation cooling measures.
- Appropriate levels of sedation must always precede chemical paralysis.

Adult Immediate Post–Cardiac Arrest Care



Doses/Details

Ventilation/Oxygenation
Avoid excessive ventilation. Start at 10-12 breaths/min and titrate to target P_{ETCO_2} of 35-40 mm Hg.
When feasible, titrate F_{IO_2} to minimum necessary to achieve Spo_2 ≥94%.

IV Bolus
1-2 L normal saline or lactated Ringer's.
If inducing hypothermia, may use 4°C fluid.

Epinephrine IV Infusion:
0.1-0.5 mcg/kg per minute (in 70-kg adult: 7-35 mcg per minute)

Dopamine IV Infusion:
5-10 mcg/kg per minute

Norepinephrine IV Infusion:
0.1-0.5 mcg/kg per minute (in 70-kg adult: 7-35 mcg per minute)

Reversible Causes
- **H**ypovolemia
- **H**ypoxia
- **H**ydrogen ion (acidosis)
- **H**ypo-/hyperkalemia
- **H**ypothermia
- **T**ension pneumothorax
- **T**amponade, cardiac
- **T**oxins
- **T**hrombosis, pulmonary
- **T**hrombosis, coronary