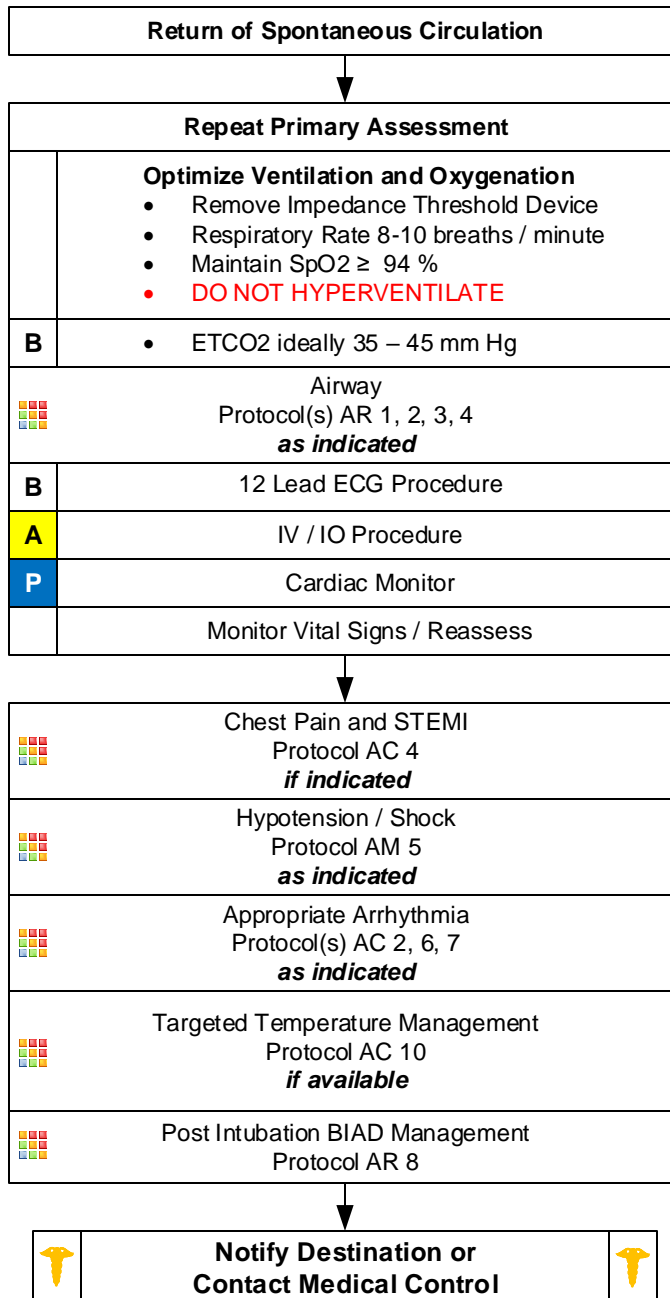


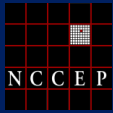
Post Resuscitation



Reversible Causes
Hypovolemia Hypoxia Hydrogen ion (acidosis) Hypothermia Hypo / Hyperkalemia Tension pneumothorax Tamponade; cardiac Toxins Thrombosis; pulmonary (PE) Thrombosis; coronary (MI)

Arrhythmias are common and usually self limiting after ROSC

If Arrhythmia Persists follow Rhythm Appropriate Protocol



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 $\geq 94\%$.**
- **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.