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| **Post-Arrest Care following ROSC** | |
| Ventilation and Oxygenation | Maintain SpO2 >94%. Do NOT hyperventilate (avoid cerebral vasoconstriction); start at 10-12 breaths/min. Consider advanced airway waveform capnography. Target ETCO2 35-40mmHg. |
| Hypotension | Cycle blood pressure and continuously monitor pulses. Goal MAP >65mmHg. IV/IO Fluid bolus as appropriate. Start Vasopressor infusion:   * Epinephrine (0.1-0.5 mcg/kg/min) * Norepinephrine (0.1-0.5 mcg/kg/min) |
| Revascularization | Obtain 12-Lead EKG right away post-ROSC and perform bedside ECHO. Consider emergent coronary angiography as indicated. Hypothermia does not contraindicate PCI. |
| Neurologic | Obtain Head CT. Target normothermia and avoid fever in ALL patients (TTM2 Trial). Consider temperature target of 36C and get video EEG if pt is not following commands. |
| OTHER | Repeat labs: Fingerstick glucose, CMP, CBC, and Coags  Trend: Lactate and ABG  Consider: Infectious work-up and antibiotics if sepsis suspected  Assess DVT and GI ppx need  Initiate enteral feeding within 48hrs UNLESS hemodynamically unstable or with high-vasopressor requirements |