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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)
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| 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 CoagsTrend: 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  |