ADULT POST-CARDIAC ARREST CARE

PROCEDURE:

1. Confirm Return of Spontaneous Circulation (ROSC)
    a. Identify palpable pulse
    b. Document auscultated blood pressure
    c. Check blood glucose, treat hypoglycemia accordingly

2. Assess oxygenation and ventilation
    a. Maintain oxygen saturation ≥ 94%
    b. Assist spontaneous respirations with BVM as necessary
    c. If no spontaneous respirations, place King Airway or Endotracheal Tube and attach continuous ETCO2 capnography
    d. Avoid hyperventilation
    e. Titrate ventilation to target ETCO2 of 35-40 mmHg

3. Assess circulation
    a. Obtain 12 lead EKG
    b. If SBP is less than 90 mmHg, administer one 300 ml bolus of NS and repeat as indicated to maintain SBP ≥ 90 mmHg

4. Assess mental status
    a. If patient is comatose with GCS ≤8, begin Therapeutic Hypothermia (see indications and contraindications below)

5. Contact Medical Control
    a. Minimize movement of patient during post-arrest phase
    b. In the radio report, notify Medical Control if:
        i. Patient has ST Elevation Myocardial Infarction (STEMI) on 12 lead <u>AND/OR</u>
        ii. If therapeutic hypothermia has been started

6. Transport patient to STEMI Receiving Center (SRC)

THERAPEUTIC HYPOTHERMIA

INDICATIONS:

1. Adult cardiac arrest with ROSC
2. Sustained ROSC for a minimum of 5 minutes after arrest
3. Comatose with GCS ≤ 8 (lack of meaningful response to verbal commands)
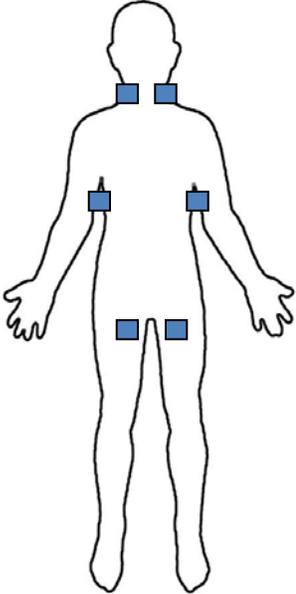
CONTRAINDICATIONS:

1. Traumatic cardiac arrest
2. Pregnancy
3. Do Not Resuscitate (DNR) status
4. Patients with known bleeding problem or active bleeding
5. Patients with significant known liver disease

Apply ice packs to each of the following locations (6 total):
   a. 1 to each carotid artery on neck
   b. 1 to each axilla
   c. 1 to each femoral artery on groin

Snap and then apply ice packs as shown. One over each carotid artery (neck), one in each axilla, and one over each femoral artery (groin)