ADULT POST-CARDIAC ARREST CARE - ALS

PROCEDURE:

1. Confirm Return of Spontaneous Circulation (ROSC):
   a. Identify palpable pulse
   b. Document auscultated blood pressure
   c. Perform 12-lead ECG

2. Assess oxygenation and ventilation:
   a. Maintain oxygen saturation ≥ 94%
   b. Assist spontaneous respirations with BVM as necessary
   c. If no spontaneous respirations, place i-gel or endotracheal tube and attach continuous ETCO2 capnography
   d. Avoid hyperventilation
   e. Titrate ventilation to target ETCO2 of 35-45 mmHg

3. Assess circulation:
   a. 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)
   b. Check blood glucose, treat hypoglycemia accordingly

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

6. Transmit 12-lead ECG and transport patient to STEMI center
THERAPEUTIC HYPOTHERMIA

INDICATIONS:
- Adult cardiac arrest with ROSC
- Sustained ROSC for a minimum of 5 minutes after arrest
- Comatose with GCS ≤ 8 (lack of meaningful response to verbal commands)

CONTRAINDICATIONS:
- Traumatic cardiac arrest
- Pregnancy
- Do Not Resuscitate (DNR) status
- Patients with known bleeding problem or active bleeding
- Patients with significant known liver disease

IMPLEMENTATION:
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)