

ADULT POST-CARDIAC ARREST CARE

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 $\geq 94\%$
 - b. Assist spontaneous respirations with BVM as necessary
 - c. If no spontaneous respirations, place King Airway or Endotracheal Tube and attach continuous ETCO_2 capnography
 - d. Avoid hyperventilation
 - e. Titrate ventilation to target ETCO_2 of 35-40 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 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
 - ii. If therapeutic hypothermia has been started
6. Transmit 12 lead ECG and transport patient to STEMI center

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)

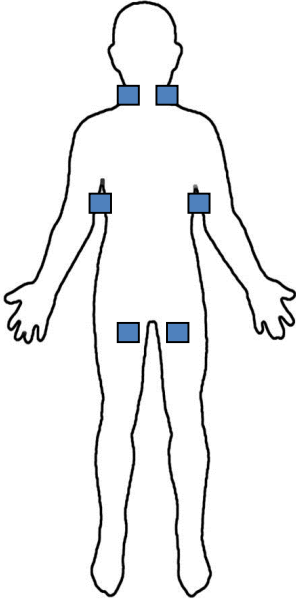
CONTRAINDICATIONS:

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

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)

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