







Post Resuscitation Care

Cardiac Arrest

CRITERIA

Resuscitated cardiac arrest.

PROTOCOL

EMR	Follow <i>General – Universal Patient Care/Initial Patient Contact protocol</i> .	EMR
EMT	Consider NPA/OPA/Blind Insertion Airway Device (BIAD).	EMT
I	Consider advanced airway.	I
A	Establish two large bore IVs/consider IO access.	A
A	Administer 0.9% Normal Saline 1 – 2 L IV/IO .	A
	If rhythm changes, <i>see appropriate cardiac protocol</i> .	
	If blood glucose is low, <i>see Medical – Altered Mental Status protocol</i> .	
I	For Return of Spontaneous Circulation (ROSC), consider Dopamine 2 – 20 mcg/kg/min IV/IO ; titrate to Mean Arterial Pressure of 90 – 100 mmHg or Epinephrine IV Infusion 0.1 – 0.5 mcg/kg/min IV/IO (1 mg of 1:1,000 in 250 mL 0.9% Normal Saline) .	I
EMT	Obtain 12-lead ECG, right-side ECG, or 15-lead ECG where practical. If STEMI present, <i>see Administrative Policy – STEMI Field Triage</i> .	EMT

DETERMINING MEAN ARTERIAL PRESSURE

$$MAP = \frac{2(DBP) + SBP}{3}$$

PEARLS

- Maintain normal ventilation rate: Continually monitor ETCO2 with target range being 35 - 45 mgHg.
- Identify and treat potentially reversible causes:
 - Hypoxia
 - Hyperkalemia or hypokalemia
 - Hypothermia
 - Hypovolemia
 - Hydrogen ion (acidosis)
 - Tablets (drug overdose)
 - Tension pneumothorax
 - Tamponade (cardiac)
 - Thrombosis (cardiac, pulmonary)
 - Toxins
 - Trauma